

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005180 (3)

1. Corporation Name

~~PREVENT-A-CRIME INTERNATIONAL, INC.~~
PROSPECTIVE TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

6 HUTTON CENTRE DRIVE #300
SANTA ANA CA 92707

6 HUTTON CENTRE DRIVE #300
SANTA ANA CA 92707

3. Date Incorporated or Qualified 10/24/1995	3a. Date of Last Report
4. FEI Number 95-3809628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(If Not a Registered Agent Signature, must be signed by the corporation)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, LLOYD R	12 NAME	
STREET ADDRESS	6 HUTTON CENTRE DRIVE #300	13 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92707	14 CITY-ST-ZIP	
TITLE	CAOD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GERGORY P	22 NAME	
STREET ADDRESS	6 HUTTON CENTRE DRIVE #300	23 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92707	24 CITY-ST-ZIP	
TITLE	CFOS	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATE, PAUL M	32 NAME	
STREET ADDRESS	6 HUTTON CENTRE DRIVE #300	33 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92707	34 CITY-ST-ZIP	
TITLE	V	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, ERIC P	42 NAME	
STREET ADDRESS	6 HUTTON CENTRE DRIVE #300	43 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92707	44 CITY-ST-ZIP	
TITLE	V	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK, DAVID E	52 NAME	
STREET ADDRESS	6 HUTTON CENTRE DRIVE #300	53 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92707	54 CITY-ST-ZIP	
TITLE	V	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DONALD N	62 NAME	
STREET ADDRESS	6 HUTTON CENTRE DRIVE #300	63 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92707	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul M. Cate

Paul M. Cate

4/11/96

(714) 755-6727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)