

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 08 1997 8:00am
Secretary of State

DOCUMENT # F95000005180 (3)

1. Corporation Name

PROSPECTIVE TECHNOLOGIES, INC.

Principal Place of Business

6 HUTTON CENTRE DRIVE #300
SANTA ANA CA 92707

Mailing Address

6 HUTTON CENTRE DRIVE #300
SANTA ANA CA 92707-5755

3. Date Incorporated or Qualified

10/24/1995

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

95-3809628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.1508, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	ANDERSEN, LLOYD R	
STREET ADDRESS	6 HUTTON CENTRE DRIVE #300	
CITY-ST-ZIP	SANTA ANA CA 92707	
TITLE	CAOD	<input type="checkbox"/> DELETE
NAME	SMITH, GERGORY P	
STREET ADDRESS	6 HUTTON CENTRE DRIVE #300	
CITY-ST-ZIP	SANTA ANA CA 92707	
TITLE	CFOS	<input type="checkbox"/> DELETE
NAME	CATE, PAUL M	
STREET ADDRESS	6 HUTTON CENTRE DRIVE #300	
CITY-ST-ZIP	SANTA ANA CA 92707	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDERSEN, ERIC P	
STREET ADDRESS	6 HUTTON CENTRE DRIVE #300	
CITY-ST-ZIP	SANTA ANA CA 92707	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JACK, DAVID E	
STREET ADDRESS	6 HUTTON CENTRE DRIVE #300	
CITY-ST-ZIP	SANTA ANA CA 92707	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THOMAS, DONALD N	
STREET ADDRESS	6 HUTTON CENTRE DRIVE #300	
CITY-ST-ZIP	SANTA ANA CA 92707	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patrick A. Whitfield	
1.3 STREET ADDRESS	6 Hutton Centre Drive #300	
1.4 CITY-ST-ZIP	Santa Ana CA 92707	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-97 (714) 755-6750

Date

Daytime Phone #

CR2E034 (9/96)