


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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90062 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000741

1. Corporation Name
PROACTIVE TECHNOLOGIES, INC.



Principal Place of Business 7118 BEECH RIDGE TRAIL TALLAHASSEE FL 32312	Mailing Address 7118 BEECH RIDGE TRAIL TALLAHASSEE FL 32312
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1996

2. Principal Place of Business 21 2930 Wellington Cir. South	2a. Mailing Address 26 2930 Wellington Cir. South
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27 Suite 101
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip 24 32308	Zip 29 32308
Country 25 USA	Country 30 USA

4. FEI Number
23-2265039

Applied For
 Yes 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 owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

~~CONNOR, MARK A~~
~~7118 BEECH RIDGE TRAIL~~
~~TALLAHASSEE FL 32312~~

10. Name and Address of New Registered Agent

81 Name
James F. Heidenreich

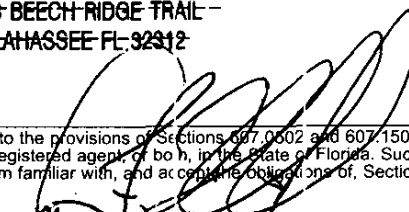
82 Street Address (P.O. Box Number is Not Acceptable)
2930 Wellington Circle South

83
Suite 101

84 City
Tallahassee

85 Zip Code
FL 32308

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of 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  DATE **4/26/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDC	CONNOR, MARK A	<input checked="" type="checkbox"/> DELETE	
NAME		1.1 TITLE	PDC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7118 BEECH RIDGE TRAIL	1.2 NAME	C. Beverly Lance
CITY-ST-ZIP	TALLAHASSEE FL	1.3 STREET ADDRESS	3343 Peachtree Rd. N.E., Ste. 530
		1.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE		2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DECHMAN, ANNE F	2.2 NAME	Arthur G. Weiss
STREET ADDRESS	7118 BEECH RIDGE TRAIL	2.3 STREET ADDRESS	3343 Peachtree Rd. N.E., Ste. 530
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE		3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIDENREICH, JAMES F	3.2 NAME	William Astrop
STREET ADDRESS	7118 BEECH RIDGE TRAIL	3.3 STREET ADDRESS	3343 Peachtree Rd. N.E., Ste. 530
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE		4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANCH, BEN S DR	4.2 NAME	Joel Goldberg
STREET ADDRESS	UNIVERSITY OF MASS., SCHOOL OF MGMT	4.3 STREET ADDRESS	3343 Peachtree Rd. N.E., Ste. 530
CITY-ST-ZIP	AMHERST MA 01003	4.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE		5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PREISS, JAMES A	5.2 NAME	James Verbrugge
STREET ADDRESS	7118 BEECH RIDGE TRAIL	5.3 STREET ADDRESS	3343 Peachtree Rd. N.E., Ste. 530
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Atlanta, GA 30326
TITLE		6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALONEY, ROBERT E JR	6.2 NAME	Judy Gordon
STREET ADDRESS	7118 BEECH RIDGE TR	6.3 STREET ADDRESS	3343 Peachtree Rd. N.E., Ste. 530
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Atlanta, GA 30326

14. I 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, with a power of attorney.

SIGNATURE:  DATE: **4/26/99** DAYTIME PHONE #: **883 894-0018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)