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FILED  
Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000079977 (0)

1. Corporation Name  
PROSPECTIVE INNOVATIONS, INC.

Principal Place of Business  
4018 INVERRARY BOULEVARD, SUITE 188  
LAUDERHILL FL 33319

Mailing Address  
4018 INVERRARY BOULEVARD, SUITE 188  
LAUDERHILL FL 33319-4362



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 2244 N.W. 56. AVE		26 22 44 NW 56 AVE		09/26/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0696548	Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 LAUDERHILL FL.		28 LAUDERHILL FLORIDA		<input type="checkbox"/>	
24 Zip	Country	29 Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 33313	25 U.S.A.	29 33313	30 U.S.A.	Trust Fund Contribution	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
AMERILAWYER CHARTERED				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
343 ALMERIA AVENUE				10. Name and Address of New Registered Agent	
CORAL GABLES FL 33134					

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HENRY, SALNEV G.A.	1.2 NAME	
STREET ADDRESS	4018 INVERRARY BOULEVARD, SUITE 188	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	SHUFORD, LORNA R	2.2 NAME	
STREET ADDRESS	4018 INVERRARY BOULEVARD, SUITE 188	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	HENRY, PAMELLA MARIA	3.2 NAME	
STREET ADDRESS	4018 INVERRARY BOULEVARD, SUITE 188	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ DATE: 4/21/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 954.4866799  
Daytime Phone #