

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

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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P92000007120

1. Corporation Name
PROGOLD ASSOCIATES, INC.



Principal Place of Business
**3310 BAYOU ROAD
 LONG BOAT KEY FL 34228
 US**

Mailing Address
**3310 BAYOU ROAD
 LONG BOAT KEY FL 34228
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/24/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0371217	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SINDER, NED
 3310 BAYOU ROAD
 LONG BOAT KEY FL 34228**

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 _____ DATE _____
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	DST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OXFORD, MARGARET C	1.2 NAME	ANNOLD SANDROFF
STREET ADDRESS	3310 BAYOU ROAD	1.3 STREET ADDRESS	137 OGRNOCH COURT
CITY-ST-ZIP	LONG BOAT KEY FL	1.4 CITY-ST-ZIP	PONTE VEDRE BEACH, FL 32082
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, J B	2.2 NAME	
STREET ADDRESS	2425 NEWPORT AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	2.4 CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OXFORD, T J	3.2 NAME	
STREET ADDRESS	6685 GULF OF MEXICO DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	3.4 CITY-ST-ZIP	
TITLE	DA Ned J. Sinder <input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Ned J. Sinder
STREET ADDRESS		4.3 STREET ADDRESS	3310 BAYOU ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: Ned J. Sinder Date: 1/8/99 Daytime Phone #: 941/383-9411

CR2E034 (1/198)