

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:00

DOCUMENT # 539303 (8)

1. Corporation Name
PROGRESSIVE TOOL & DIE, INC.

Principal Place of Business: 4418 N.E. 6 TERRACE OAKLAND PARK FL 33334
Mailing Address: 4418 N.E. 6 TERRACE OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 07/13/1977
3a. Date of Last Report: 04/29/1994
4. FLE Number: 59-1754251
Applied For Next Appointment:
5. Certificate of Status Declared: \$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. 189.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29 30

9. Name and Address of Current Registered Agent

DEL DOTTO, WILLIAM P.
7100 NW 81ST ST.
TAMARAC FL 33321

Same
↓

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 807.0812 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am

SIGNATURE: *William P. Del Dotto* DATE: 2-10-95

12. OFFICERS AND DIRECTORS

OFFICER	DS DEL DOTTO, KATHRYN 7100 NW 81 ST TAMARAC FL 33321
OFFICER	DEL DOTTO, WILLIAM P. 7100 NW 81 ST TAMARAC FL 33321
OFFICER	PD DEL DOTTO, WILLIAM P. 7100 NW 81 ST TAMARAC FL 33321
OFFICER	VP DEL DOTTO, MICHAEL F. 4455 NW 84TH AVE CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	
11.3 STREET ADDRESS	
11.4 CITY, ST, ZIP	
12.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
14.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.2 NAME	
14.3 STREET ADDRESS	
14.4 CITY, ST, ZIP	
15.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15.2 NAME	
15.3 STREET ADDRESS	
15.4 CITY, ST, ZIP	

14. I declare to certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 191.076(9)(b), Florida Statutes. I further certify that the information included 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 in person. I am an officer or director of the corporation of the recipient of this report as required by Chapter 189, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an addressee.

SIGNATURE: *William P. Del Dotto* DATE: 2-10-95 PHONE: 305-771-9870