

**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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Apt. #, etc.		26 State, Apt. #, etc.		07/13/1977	04/29/1994
22 City & State		27 City & State		4. F.I.F. Number	Applied For
23 Zip		28 Zip		59-1754251	First Applicable
24 Country		29 Country		5. Certificate of Status Declared	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
DEL DOTTO, WILLIAM P. 7100 NW 81ST ST. TAMARAC FL 33321		01 Name			
		02 Street Address (P.O. Box Number is Not Acceptable)			
		03			
		04 City	FL	05 Zip Code	

*Same*  
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11. Pursuant to the provisions of Sections 807.08(2) 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	DS DEL DOTTO, KATHRYN 7100 NW 81 ST TAMARAC FL 33321	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DEL DOTTO, WILLIAM P. 7100 NW 81 ST TAMARAC FL 33321	1.2 NAME	
OFFICER	PD DEL DOTTO, WILLIAM P. 7100 NW 81 ST TAMARAC FL 33321	1.3 STREET ADDRESS	
OFFICER	VP DEL DOTTO, MICHAEL F. 4455 NW 84TH AVE CORAL SPRINGS FL	1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		2.1 NAME	
OFFICER		2.2 NAME	
OFFICER		2.3 STREET ADDRESS	
OFFICER		2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		3.1 NAME	
OFFICER		3.2 NAME	
OFFICER		3.3 STREET ADDRESS	
OFFICER		3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4.1 NAME	
OFFICER		4.2 NAME	
OFFICER		4.3 STREET ADDRESS	
OFFICER		4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or I have employed or retained the recipient of this report as required by Chapter 189, Florida Statutes, and that my name appears on Block 1 or Block 13 of this report, or on an attachment with an address.

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