

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 07/13/1977
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

4. FEI Number: 59-1754251
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 has liability for intangible tax under s. 193.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: DEL DOTTO, WILLIAM P. 7100 NW 81ST ST. TAMARAC FL 33321

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: [Signature] (Print Name and Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DS NAME: DEL DOTTO, KATHRYN STREET ADDRESS: 7100 NW 81 ST CITY-ST-ZIP: TAMARAC FL 33321	<input type="checkbox"/> DELETE	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: DEL DOTTO, WILLIAM P. STREET ADDRESS: 7100 NW 81 ST CITY-ST-ZIP: TAMARAC FL 33321	<input type="checkbox"/> DELETE	12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: DEL DOTTO, WILLIAM P. STREET ADDRESS: 7100 NW 81 ST CITY-ST-ZIP: TAMARAC FL 33321	<input type="checkbox"/> DELETE	13 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: DEL DOTTO, MICHAEL F. STREET ADDRESS: 4455 NW 84TH AVE CITY-ST-ZIP: CORAL SPRINGS FL	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	15 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	16 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statute. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-96 954-771-9870

CR2E034 (3/96)