

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

FILED

**Apr 23 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 # 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 33334-3254**

3. Date Incorporated or Qualified **07/13/1977** 3a. Date of Last Report **08/05/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1754251	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 City & State	28 City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

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		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 607.0503, Florida Statutes.

SIGNATURE: *William P. Del Dotto* DATE: **4-14-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL DOTTO, KATHRYN	1.2 NAME	
STREET ADDRESS	7100 NW 81 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL DOTTO, WILLIAM P.	2.2 NAME	
STREET ADDRESS	7100 NW 81 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	
TITLE	PO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL DOTTO, WILLIAM P.	3.2 NAME	
STREET ADDRESS	7100 NW 81 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL DOTTO, MICHAEL F.	4.2 NAME	U.P KATHRYN DEL DOTTO
STREET ADDRESS	4455 NW 84TH AVE	4.3 STREET ADDRESS	7100 NW 81 ST
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	TAMARAC FLA 33321
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 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: *William P. Del Dotto* DATE: **4-14-97** DAYTIME PHONE #: **954-771-9870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)