

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 (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.
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. 199.032, 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 (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: [Signature] DATE: 4-14-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DS	NAME: DEL DOTTO, KATHRYN	1.1 TITLE:	
STREET ADDRESS: 7100 NW 81 ST	CITY-ST-ZIP: TAMARAC FL 33321	1.2 NAME:	
TITLE: T	NAME: DEL DOTTO, WILLIAM P.	1.3 STREET ADDRESS:	
STREET ADDRESS: 7100 NW 81 ST	CITY-ST-ZIP: TAMARAC FL 33321	1.4 CITY-ST-ZIP:	
TITLE: PD	NAME: DEL DOTTO, WILLIAM P.	2.1 TITLE:	
STREET ADDRESS: 7100 NW 81 ST	CITY-ST-ZIP: TAMARAC FL 33321	2.2 NAME:	
TITLE: VP	NAME: DEL DOTTO, MICHAEL F.	2.3 STREET ADDRESS:	
STREET ADDRESS: 4455 NW 84TH AVE	CITY-ST-ZIP: CORAL SPRINGS FL	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	U.P
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	KATHRYN DEL DOTTO
TITLE:	NAME:	4.3 STREET ADDRESS:	7100 NW 81 ST
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	TAMARAC FLA 33321
TITLE:	NAME:	5.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
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: [Signature] DATE: 4-14-97 DAYTIME PHONE #: 954-771-9870

CR2E034 (9/96)