

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710156** (1)  
Corporation Name  
**PROGRESS CLUB OF MIAMI, INC.**



Principal Place of Business <b>12003 SW 114 PLACE MIAMI FL 33176 US</b>		Mailing Address <b>12003 SW 114 PLACE 219 MIAMI FL 33176 US</b>		3. Date Incorporated or Qualified <b>01/03/1966</b>	
		4. FEI Number <b>59-1110912</b>		Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 <b>4105 Ponce de Leon Blvd</b> Suite, Apt. #, etc. 22 <b>203</b> City & State 23 <b>Coral Gables FL</b> Zip 24 <b>33146</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>4105 Ponce de Leon Blvd</b> Suite, Apt. #, etc. 27 <b>203</b> City & State 28 <b>Coral Gables, FL</b> Zip 29 <b>33146</b> Country 30 <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RHONDA STEIN 12003 SW 114 PLACE 145 MIAMI FL 33176</b>				10. Name and Address of New Registered Agent 81 Name <b>Darlene Nason</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4105 Ponce de Leon Blvd</b> 83 <b>Suite 203</b> 84 City <b>Coral Gables</b> FL 85 Zip Code <b>33146</b>			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Darlene Nason* DATE **1/14/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOM BOVEE 3420 TORKEMOLINOS AVE. MIAMI FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President / Director Dan Tasciotti 4105 Ponce de Leon Blvd Suite 203 Coral Gables, FL 33146 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DON PANZER 8521 SW 28 ST. DAVIE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	UP / Director Robert Schimmel 4105 Ponce de Leon Blvd Suite 203 Coral Gables, FL 33146 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JONATHAN KATZEN 110 THIRD TERRACE RLGALTO MIAMI BCH FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer / Director Joyce Ritter 4105 Ponce de Leon Blvd Suite 203 Coral Gables, FL 33146 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dan Tasciotti* 1-22-98

CP2E037 (10/97)