

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J92198 (7)
1. Corporation Name
PROGRESSIVE MARKETING ASSOCIATION, INC.

Principal Place of Business 2209 BELEVEDERE RD. WEST PALM BEACH FL 33406	Mailing Address 2209 BELEVEDERE RD. WEST PALM BEACH FL 33406-1521
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1987		3a. Date of Last Report 02/29/1996	
21		26		4. FEI Number 65-0006907		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

SMITH, JEFFERY M.
6199 RIVERWALK LANE #4
JUPITER FL 33477

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	12.1 NAME	1.1 TITLE	1.2 NAME
NAME	12.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	12.3 STREET ADDRESS	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	12.4 CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	12.5 NAME	3.1 TITLE	3.2 NAME
NAME	12.6 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	12.7 STREET ADDRESS	4.1 TITLE	4.2 NAME
CITY-ST-ZIP	12.8 CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	12.9 NAME	5.1 TITLE	5.2 NAME
NAME	12.10 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	12.11 STREET ADDRESS	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	12.12 CITY-ST-ZIP	6.3 STREET ADDRESS	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: Karen J. Smith 4/30/97 561-640-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)