

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

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K68901** (3)
1. Corporation Name
PROGRESSIVE MARBLE INC.



Principal Place of Business 1255 BELLE AVE. STE 114, 115, 116 WINTER SPRINGS FL 32708	Mailing Address 1255 BELLE AVE. STE 114, 115, 116 WINTER SPRINGS FL 32708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 887 Ocoee Apopka Rd. Suite, Apt. #, etc. 22 City & State 23 Apopka, FL Zip 24 32703 Country 25 USA		2a. Mailing Address 26 887 Ocoee Apopka Rd. Suite, Apt. #, etc. 27 City & State 28 Apopka, FL Zip 29 32703 Country 30 USA		3. Date Incorporated or Qualified 02/23/1989	4. FEI Number 59-2958420 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OGLESBY, ELSA 1255 BELLE AVE SUITES 114 & 155 WINTER SPRINGS FL 32708				10. Name and Address of New Registered Agent 81 Name Oglesby, Elsa 82 Street Address (P.O. Box Number is Not Acceptable) 887 Ocoee Apopka Rd. 83 84 City Apopka FL 85 Zip Code 32703			
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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OGLESBY, ELSA			1.2 NAME	Oglesby, Elsa		
STREET ADDRESS	300 CYPRESS WAY NORTH			1.3 STREET ADDRESS	300 North Cypressway		
CITY-ST-ZIP	CASSELBERRY FL			1.4 CITY-ST-ZIP	Casselberry FL		
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAYNE, DAVID M.			2.2 NAME	Deceased		
STREET ADDRESS	300 CYPRESS WAY NORTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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 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]

4/2/98

407-814-8800

CR2E034 (10/97)