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

PROFIT CORPORATION ANNUAL REPORT 1998 **DOCUMENT #**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 14 1998 8:00am

Secretary of State

(2)

PROGRI		MANAGEMENT S		INC.)
Principal Place	of Busines	e	Mailes	Mailing Address				i didik didir 4400 bidir dibik 1001
- •		5	•	·				
9231 W SUNR PLANTATION F				9231 W. SUNRISE BLVD. PLANTATION FL 33322				
U\$			US	= : = ::::::			DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifieo	
							08/23/1989	
2. Principal Pl	ace of Busin	ness	2a. Mailii	2a. Mailing Address			4, FEI Number	Applied For
21			26				65-0141252	Not Applicable
Suite, Apt. :	#, e tc.		├	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State			27 City A	City & State			• Florida Comunica Standard	
23	,) — ¬	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Gountry			·——	Zip Country			8. This corporation owes or has paid th	
24	25		29	¬ '		•	Personal Property Tax due June 30. Yes 41 No	
	9. Name	and Address of Curr					10. Name and Address of New Flegistered Agent	
COI	LON, DAVI	D			81	Name		
		rise BLVD.				Street Add	eet Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33322						Oirest riadi	(is to the man is the most despitable)	<u></u>
					83			••
						City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
					84	'		FI ' '
SIGNATURE		jont, or both, in the Still, and according the obtaining the protection of registered	A.C.				poration submits this statement for the purportion's board of directors. I hereby accept the	e appointment as registered
12.		OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	_		☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	COLON,				1.2 NAME			
STREET ADDRESS		EST SURISE BLVD.		1.3 \$		T ADDRESS		
CITY-ST-ZIP	PLANTA	TION FL			1.4 CITY - :	ST - ZIP		
TITLE				DELETE	2.1 TITLE			Change Addition
NAME					2.2 NAME			
STREET ADDRESS						I ADDRESS		
CITY-ST-ZIP				DELETE	2. 4 CITY -	ST-ZIP		Change Addition
TITLE				C) bereit	3.1 TITLE			ET OHRING ET MOUITOR
NAME .					3.2 NAME	ADODCCC		
STREET ADDRESS						1 ADDRESS		
CITY-ST-ZIP TITLE				DELETE	4.1 TITLE	31-ZIF		Change Addition
NAME					4. 2 NAME			
STREET ADDRESS						T ADDRESS		
CITY-ST-ZIP					4.4 CITY - 5			
TITLE				DELETE	5.1 TATLE			Change Addition
NAME					5.2 NAME			<u>-</u> ·
STREET ADDRESS						I ADDRESS		
CITY-ST-ZIP					5.4 CITY - S			
TITLE				DELETE	6.1 TITLE			Change Addition
NAME					6.2 NAME		•	
STREET ADDRESS					6.3 STREET	T ADDRESS		
CITY-ST-ZIP					6.4 CITY - 5	- 1		

14. Thereby 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.