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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L77326**

(1)

PROGRESSIVE FLOOR CARE, INC. Principal Place of Business Mailing Address 331 SW 79TH WAY 231 SW 79TH WAY N LAUDERDALE FL 33068-1132 N LAUDERDALE FL 33068 3. Date Incorporated or Qualified 3a. Date of Last Report 05/31/1990 08/20/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 65-0196553 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Ζıρ Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name wies. Roderick 331 SW 79TH WAY 82 Street Address (P.O. Box Number is Not Acceptable) N LAUDERDALE FL 33068 83 64 City Zip Code 85 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 +am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Say after Type Jibrip and it name of registered agent and Mic Lappicable (NOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THLE 1.1 TITLE WIES, RODERICK 1.2 NAME 2E034 NAME 331 SW 79 WAY STREET ADDRESS 1.3 STREET ADDRESS N LAUDERDALE FL 1.4 CITY - ST - ZIP DitY-SI-7P ☐ Addition DELETE Change THE 21 TITLE 2.2 NAME NAMÉ STREET ADDRESS 2.3 STREET ADDRESS C(1)Y-S1-20 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME **3.2 NAME** 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition Ditt 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY - ST - ZIP 00Y-81-2IP DELETE ___ Addition 5.1 THILE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS C:TY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE THILE NAMS 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

SIGNATURE:

appears in Block 12 or Blof

CITY - ST - ZIP

6.4 CITY-ST-ZIP 14. I do hereby certily that the information supprind with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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

Daytime Phone #

FILED

Mar 11 1997 8:00am

Secretary of State