

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90045 005 ****61.25

0011255

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004718

1. Corporation Name

PROGRESSIVE EDUCATION, INC.

107072 - 90045 - 5

Principal Place of Business

2420 COLLIER PARKWAY
LAND O' LAKES FL 34639

Mailing Address

2420 COLLIER PARKWAY
LAND O' LAKES FL 34639



2. Principal Place of Business

21 2220 Collier Parkway

-Suite, Apt. #, etc.

22

23 Land O' Lakes, FL

24 34639 25 USA

2a. Mailing Address

26 2220 Collier Parkway

Suite, Apt. #, etc.

27

28 Land O' Lakes, FL

29 34639 30 USA

3. Date Incorporated or Qualified

09/09/1996

4. FEI Number

59-3146154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WENDLEK, RICHARD J
2420 COLLIER PARKWAY
LAND O' LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name WENDLEK, RICHARD, J.
82 Street Address (P.O. Box Number is Not Acceptable)
2220 Collier Parkway
83 Land O' Lakes,
84 City FL 85 Zip Code 34639

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 RICHARD J. WENDLEK

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WENDLER, RICHARD	
STREET ADDRESS	20315 MID COURT	
CITY-ST-ZIP	LUTZ FL	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	WENDLER, CONSTANCE	
STREET ADDRESS	20315 MID COURT	
CITY-ST-ZIP	LUTZ FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SIEHIEN, JOSEPHINE	
STREET ADDRESS	4334 SAWGRASS BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WENDLEK, RICHARD	
1.3 STREET ADDRESS	20315 MID CT.	
1.4 CITY-ST-ZIP	LUTZ, FL 33549	
2.1 TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WENDLER, CONSTANCE	
2.3 STREET ADDRESS	20315 MID CT.	
2.4 CITY-ST-ZIP	LUTZ, FL 33549	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SIEHIEN, JOSEPHINE	
3.3 STREET ADDRESS	8537 Hunters Key Circle	
3.4 CITY-ST-ZIP	Tampa, FL 33647	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RICHARD J. WENDLEK

1/4/99

813 948-2133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)