FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

N9700000148 (3)

PROGRESSO RETAIL MERCHANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
809 PROGRESSO DRIVE	809 PROGRESSO DRIVE
FT LAUDERDALE FL 33304	FT LAUDERDALE FL 33304-1947

FILED Feb 28 1997 8:00am Secretary of State



FT LAUDERDAL	E FL 33304	FT LAUDERDALE FL 3330	4-1947						
					3.	Date Incorporated or Qualified 05/01/1996	3a. Date	of Last Re	port
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Number		App	olied For
21		26				65 0712127		Not	Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 A Fee Rec	
City & State	9	City & State	·			Election Campaign Financing		\$5.00	·
23		28	-		0.	Trust Fund Contribution		Added to	
Zip	Country	Zip	Co	ountry	8.	This corporation has liability for			199.032,
24	25	29	30				Yes 🛣		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent			jent		
				81 Nan	ne				
HAMILTO	ON, JOEL			82 Stre	et Address (I	P.O. Box Number is Not Acceptal	ble)		
12 EAS1	r Sunri se Blvd.						-,		
FT LAU	DERDALE FL 33304			63					
				84 City				85 Zip C	'ode
				Day City			FL	100 Zip C	oue
office or r agent. La	to the provisions of Sections 617.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	and 617.1508, Florida Statu of Florida Such change was tions of, Section 617.0503, F	ites, the i authoriza Iorida Sta	above-nam ed by the c atutes.	ed corporation's l	on submits this statement for the pool to board of directors. I hereby acce	purpose of c pt the appoi	nanging its ntment as i	registered registered
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE: Register	red Agent signa	ture required when	n reinstating)	DATE		***************************************
12.	OFFICERS AND	DIRECTORS	13			ADDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1	TITLE				Change	Addition
NAME	HAMILTON, JOEL		1.2	NAME .					
STREET ADORESS	12 EAST SUNRISE BLVD.		1.3	STREET ADDRES	ss				
CITY-ST-ZIP	FT LAUDERDALE FL 33304		1.4	CITY-ST-ZIP					
TITLE	VD	DELETE	2.1	TITLE				Change	Addition
NAME	SHALLENBERGER, WAYNE		2.2	NAME					
STREET ADDRESS	815 NORTH ANDREWS AVE.		2.3	STREET ADDRES	ss				
City-St-ZiP	FT LAUDERDALE FL 33304		2.4	CITY-ST-ZIP					
TrTLE	SD	DELETE		TITLE				Change	Addition
NAME	WEHRENBERG, JAMES		3.2	NAME					
STREET ADDRESS	809 PROGRESSO DRIVE		3.3	STREET ADDRES	ss				
City - St - ZIP	FT LAUDERDALE FL 33304		3,4.	CITY-ST-ZIP					
TITLE	TD	DELETE	4.1	TITLE				Change	Addition
NAME	CURATOLO, TONY		4. 2	NAME					
STREET ADDRESS	825 NE 2ND AVENUE		4.3	STREET ADDRES	ss				
CITY-ST-ZIP	FT LAUDERDALE FL 33304		4.4	CITY-ST-ZIP					
TITCE		DELETE	5.1	TITLE	1		[Change	☐ Addition
NAME			52	NAME					
STREET ADDRESS			5.3	STREET ADDRE	ss				
CITY - ST - ZIP				CITY-ST-ZIP					
TITLE	l	DELETE		TITLE	1			Change	Addition
NAME				NAME				-	
STREET ADDRESS			1	STREET ADDRES	ss				
CITY-ST-ZIP				CITY-ST-ZIP	~				
CHY-SI-ZIP	Land the state of	with this filing does not aug	0.4		n ntotani in Ci	nation 110 07(3)(i) Elected Statut	a lituribar	andifu that	lha .

4. 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 angular 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 required or trusted ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if the property of adjacement with an address.

SIGNATURE:

2.2-0.97 954-779-2000