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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000008138 (8)**

1. Corporate Name
PROGRESSIVE EQUITY CORPORATION

Principal Office Address
1800 N.E. 22ND TERRACE
FORT LAUDERDALE FL 33305

Mailing Address
1800 N.E. 22ND TERRACE
FORT LAUDERDALE FL 33305

3. Date Incorporated or Qualified: 02/02/1993
3a. Date of Last Report: 06/22/1994

2. Previous Principal Address
21
2a. Previous Mailing Address
26

4. FEI Number: 65-0385221
Applied For
Not Applicable

State Agent #
22
State Agent #
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23
City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

City
24
State
25
Zip
29
Country
30

8. This corporation has liability for intangible tax under Ch. 199.032, Florida statutes. ☐ No ☒ Yes

9. Name and Address of Current Registered Agent

GOFRANK, RON
1800 N.E. 22ND TERRACE
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D P S
NAME	GOFRANK, RON
STREET ADDRESS	1800 N.E. 22 TERRACE
CITY, ST, ZIP	FT LAUDERDALE FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as my affirmation under oath that I am familiar with the contents of the annual report or supplemental annual report, that I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that the name appears in Block 12 or Block 13 or is the registered agent or an authorized officer or director.

SIGNATURE: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0212390 CP