## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9300008138 (8)

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Corporation Name	•	30000000100	(0)

PROGRE	SSIVE EQUITY CORPORA								
Principal Place	of Business	Mailing Address			THE BIREOF HE IDIES SINII SONII SEANI SONII		FIBI IIIII II		
1800 N.E. 22ND FORT LAUDERD		1800 N.E. 22ND TERR Fort Lauderdale F				<b></b>			• • • •
	· · · · · · · · · · · · · · · · · · ·			4	<ol> <li>Date Incorporated or Qualified</li> <li>02/02/1993</li> </ol>		e of Last F <b>18/1995</b>		
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		F +	pplied For	
Suite Apt #	, etc	26 Suite, Apt. #, etc.			65-0385221			lot Applicab Additional	ie
22		27			5. Certificate of Status Desired	X		Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution			May Be	
Zιρ	Country	Zip	Cou	ntry	8. This corporation has liability for in		ax under s		
24	25   9. Name and Address of Curre	nt Peoletered Apont	30		Florida Statutes  10. Name and Address of New Reg	Yes 🔀			
COE	RANK, RON	nt negistered Agent		81 Name	10. Name and Address of New Neg	Stereu A	Jent		
	N.E. 22ND TERRACE			82 Street Ad	dress (P.O. Box Number is Not Acceptable				
FOR	T LAUDERDALE FL 33305			83					_
					TATIVE V. A. C.		тт-:-		
				84 City		FL	85 Zip	Code	
office or re	o the provisions of Sections 607.05 gistered agent, or both, in the State Familiar with, and aceopt the object	eof Florida. Such change wa	s authorized	by the corpora	poration submits this statement for the pur tion's board of directors. I hereby accept the	pose of chile appoin	nanging its tment as r	s registered registered	
SIGNATURE.	ignature, typeshorpritterholage of registered ag	pon and the flapst-table (f	NOTE Houstere	s Agent signarure reg	ared wher releishing)				
12.		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND I	DIRECTOR	RS IN 12	ୣଌ
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FM. TOO HERED!	certify that the information supplied that the translation information indicated or	ou with this ming is voiun(afrily	numished a	nd does not qu	alify for the exemption stated in Section 11	∌.07( <b>3</b> )(K)	, monda S	natures 1	- 1

14. I do nereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

By Contract Management of the corporation of the corporation of 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

By Contract Management of the corporation of the cor