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
1996

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

DOCUMENT # **P94000014905 (1)**

1. Corporation Name
PROGRESSIVE MEN OF DISTINCTION, INC.

Principal Place of Business	Mailing Address
4229 WAVERLY DR. **WEST PALM BEACH FL 33407**	**4229 WAVERLY DR.** **WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified: **02/24/1994**
3a. Date of Last Report: **06/13/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. F.E.I. Number: **65-0540000** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLLINS, KEVIN B
4229 WAVERLY DR.
WEST PALM BEACH FL 33407

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	HOLLING, K B		12 NAME		
STREET ADDRESS	4220 WAVERLY DR		13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		14 CITY ST ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MACKEY, HARRY		22 NAME		
STREET ADDRESS	525 N 11TH ST		23 STREET ADDRESS		
CITY ST ZIP	FT PIERCE FL		24 CITY ST ZIP		
TITLE	SD	☐ DELETE	31 TITLE	TD	☒ Change ☐ Addition
NAME	MARTIN, JAMES		32 NAME		
STREET ADDRESS	224 SUPERIOR PL		33 STREET ADDRESS		
CITY ST ZIP	WEST PALM EBACH FL		34 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	41 TITLE	D	☒ Change ☐ Addition
NAME	MARCELLE, BUDDY		42 NAME		
STREET ADDRESS	231 SUPERIOR PL		43 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		44 CITY ST ZIP		
TITLE	D	☐ DELETE	51 TITLE	SD	☒ Change ☐ Addition
NAME	DUVAL, ALPHONSO		52 NAME		
STREET ADDRESS	1337 10TH ST		53 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM EBACH FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Kevin B. Hollins Kevin B. Hollins 7/17/96 796-5284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #