

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 16 1997 8:00am
Secretary of State

DOCUMENT # **P94000021968 (0)**

1. Corporation Name
PROGRESSIVE FOLIAGE, INC.

Principal Place of Business

**820 NW 201 WAY
PEMBROKE PINES FL 33029
US**

Mailing Address

**820 NW 201 WAY
PEMBROKE PINES FL 33029-3446
US**



2. Principal Place of Business

21 **920 NW 201 WAY**

Suite, Apt. #, etc.

City & State

23 **PEMBROKE PINES FL**

Zip

24 **33029**

Country

25 **USA**

2a. Mailing Address

26 **920 NW 201 WAY**

Suite, Apt. #, etc.

City & State

28 **PEMBROKE PINES FL**

Zip

29 **33029**

Country

30 **USA**

3. Date Incorporated or Qualified

03/18/1994

3a. Date of Last Report

04/25/1996

4. FEI Number

65-0471508

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

**KANTOR, PHILIP M ESQ.
200 S. BISCAYNE BLVD.
SUITE 3180
MIAMI FL 33131-2387**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MELTZER, HOWARD**
STREET ADDRESS **920 NW 201 WAY**
CITY - ST - ZIP **PEMBROKE PINES FL**

TITLE **D** ☐ DELETE

NAME **FINEBERG, ALAN**
STREET ADDRESS **831 NE 207 LANE #102**
CITY - ST - ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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 607, 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 OR DIRECTOR

Howard M. MELTZER

4/9/97

754-989-0466

CP2E034 (9/96)