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

CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 22 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P94000025592 (4) DOCUMENT

PROGRESSIVE SPORTSWEAR, INC. Principal Place of Business Mailing Address 2846 N.E. 187TH ST, 2846 N.E. 187TH ST. NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0491103 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DRUCKER, A. NORMAN 801 N.E. 167TH ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 308 83 NORTH MIAMI BEACH FL 33162 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 requi DATE R2E034 (10/97 12. OFFICERS AND DIRECTORS 13. DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Aridition NAME WEINGROD, SALOME 1.2 NAME 2846 N.E. 187TH ST. STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33180 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the cindicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the requirer or trustee empowered to execut Block 12 or Block 13 if changed, or on an attachment with an address. 305 932-2766 SIGNATURE:

6.3 STREET ADDRESS

xemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in