

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. Mortharr
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000020142 (2)
1. Corporation Name:

PROGRESSIVE MARKETING SYSTEMS, INC.

Principal Place of Business

Mailing Address

2500 NORTH TAMiami TRAIL
SUITE 112
NAPLES FL 33940

2500 NORTH TAMiami TRAIL
SUITE 112
NAPLES FL 33940



2. Principal Place of Business

2a. Mailing Address

21 5121 Castello Dr.

26 5121 Castello Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2

27 2

City & State

City & State

23 Naples, FL

28 Naples, FL

Zip

Zip

24 34103

29 34103

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

03/13/1995

4. FEI Number

☒ 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

WHITE, JOHN P
2500 NORTH TAMiami TRAIL
SUITE 112
NAPLES FL 33940

New Address:
5121 Castello Dr.
Suite 2
Naples, FL 34103

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 the applicable

(501) Registered Agent signature required when resigning

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME STEFANELLI, FRANK A
STREET ADDRESS 2500 N. TAMiami TRAIL, SUITE 112
CITY-ST-ZIP NAPLES FL 33940

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE b
12 NAME Stefanelli, Frank A.
13 STREET ADDRESS 5121 Castello Dr. Ste. 2
14 CITY-ST-ZIP Naples, FL 34103

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