

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000082739 (0)

1. Corporation Name

PROGRESSIVE TRADING AND DISTRIBUTION COMPANY, LI
MITED, INC.



Principal Place of Business

10520 N.W. 18TH PLACE
PEMBROKE PINES FL 33026

Mailing Address

10520 N.W. 18TH PLACE
PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified
10/27/1995

3a. Date of Last Report
none

2. Principal Place of Business

21 10520 N.W. 18 Place

2a. Mailing Address

26 10520 NW 18 Place

4. FEI Number

Have Not received yet

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

24 33026

25 USA

29 33026

30 USA

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANNON, TROY
530 NORTH DOUGLAS ROAD
PEMBROKE PINES FL 33024

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 607.0507 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 this is applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS HANNON, ROBERT
CITY-ST-ZIP 10520 N.W. 18TH PLACE
PEMBROKE PINES FL 33026

TITLE ☐ DELETE
NAME VD
STREET ADDRESS HANNON, TROY
CITY-ST-ZIP 530 NORTH DOUGLAS ROAD
PEMBROKE PINES FL 33024

TITLE ☐ DELETE
NAME SD
STREET ADDRESS HANNON, THELMA
CITY-ST-ZIP 10520 N.W. 18TH PLACE
PEMBROKE PINES FL 33026

TITLE ☐ DELETE
NAME D
STREET ADDRESS HANNON, JAMES A
CITY-ST-ZIP 224 WEST FLAGLER ST,
MIAMI FL 33130

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

000001784960
-04/18/96-01012-016
***200.00

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)(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 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

March 19/1996 931-3157
Date Daytime Phone #

CR2E034 (12/95)