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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600001597 (9)

PROGRESSIVE DESIGN AND DEVELOPMENT CONSULTANTS,

Principal Place of Business

Mailing Address

FILED May 07 1997 8:00am Secretary of State



5561 B.W. 8TH STREET PLANTATION FL 33317		5561 S.W. 6TH STREET PLANTATION FL 33317-430	1		
				3. Date Incorporated or Qualified 01/05/1996	3a. Date of Last Report
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number #65.06353	1.0 Applied For
21		26		#65.06553	Not Applicable
Suite, Apt. i	⊭, etc.	Suite, Apt. #, etc.			CO 7E Additional
22		27		Certificate of Status Desired	Fee Required
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	par	Trust Fund Contribution	Added to Fees
Zip Zip	Country	Zip	Country	8. This corporation has liability for	
24	25		30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
	LIO, DAVIE W		81 Namer	ollio DAVIT	$\mathcal{O}(\mathcal{W})$
	S.W. 6TH STREET		82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)
PLAI	NTATION FL 33317		55	61 SN. GTH S	STREET
			83		
			84 City		85 Zip Code
			IN CITY T	ANTATION	FL 33311
11. Pursuant t	o the provisions of Sections 607.056	02 and 607.1508, Florida Statute	es, the above named corr	poration submits this statement for the ration's board of directors. I hereby acce	
office or re	egistered agent, or both, in the State	e of Florida. Such change was a valions of Section 607 0505. Flo	uthorized by the corporal	tion's board of directors. Thereby accep	pt 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 ag	pent and title it april cable (NO1)	Registered Agent signature regul	too when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	0	DELETE	1.1 107LF		Change Addition 3
NAME	POLLIO, DAVID W		1.2 NAME		
STREET ADDRESS	5561 S.W. 6TH STREET		1.3 STREET ADDRESS		18
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY - S1 - ZIP		إ
TITLE	D	DELETE	2.1 TITLE		Change Addition 5
NAME	POLLIO, PATRICIA A	Based - City	2.2 NAME		
STREET ADDRESS	5561 S.W. 6TH STREET		2.3 STREET ADDRESS		
l i	PLANTATION FL 33317				
CITY-ST-ZIP TITLE	TEATINION TE OOM	DELETE	2. 4 CITY - ST - ZIP 3.1 TO LE		Change Addition
		C otter	i i	:	
NAME			3 2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP		DELFTE	3.4. CITY - ST - ZIP		Change Addition
TITLE		L3 DELFTE	4.1 TITLE		Change Aubition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-7IP		
	by certify that the information supplies	ed with this filing does not qualif	ly for the exemption state	d in Section 119.07(3)(i), Florida Statute	es. 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.