Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90006 032 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013371

1. Corporation Name

PROGRESSIVE CREATIONS INC.

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Principal Place	e of Business	Mailing Address			((6 8 (6)	it træ tærræ ærrit mærri i	TEILI EELLI BEID	11 444 11144 11111	7 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
P.O. BOX 1359		P.O. BOX 1359								
ESTERO FL 339		ESTERO FL 33928					DO NOT WE	NTE IN TLIC	CDACE	
						DO NOT WRITE IN THIS SPACE 3. Date ir corporated or Qualifed				
						02/12/19	96			
2. Principa Place of Business		2a. Mailing Address				4. FEI Number			⊢ →—	plied For
21		26				65-06413	65-0641345			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8,75 Additional Fee Required	
22		City & State								
City & State		├ ┐ ′					6. Election Campaign Financing Trust Fund Contribution \$5.00 *\text{ hay Be} Added to Fees			
23	Country Zip			intry			This corporation owes the current year Intangible			101000
Zip	, , , , , , , , , , , , , , , , , , ,	29	30			Personal Property Tax.		Tent year in	Yes	[P]No
9. Name and Add ess of Cui				-		10. Name and Address of New Registered			Agent	
	5. Name and Add Ess Of Conton	it regionales Agent		81	Name					
DRU	MM, MARIA L ATTY.									
	PRESIDENTIAL COURT, S.W.			82	Street Ad	dress (P.O. Box Nur	ess (P.O. Box Number is Not Acceptable)			1
SUITE 105				83						
	T MYERS FL 33919									
				84	City			FL	85 Zip	Code
agent. i a	to the provisions of Sections 607-556 registered agent, or both, in the State in familiar with, and accept the obligation of the state	ations of, Section 607.0505, F	-Kinda Stat	utes.		red when reinstating)		DATE		
12.		NE DIRECTORS	13.				CHANGES TO O	FFICERS /J	ND DIRECTO	OF S IN 12
TITLE	P	☐ DELETE	1.1 Tí	TLE					Change	Addition
NAME	HUGHES, DEAN G		12 N	AME:	-					
STREET ADDRESS	D.O. DOV 4000 N/A		135	TREET	ADDRESS					
CITY-ST-ZIP	ESTERO FL		1.4 C	TY-ST	-ZiP					
TITLE	ST	☐ DELETE	2.1 Ti						Change	Addition
NAME	HUGHES, NORMA J		2.2 N	AME						
STREET ADDRESS	D.O. DOV 4050 N/A		235	TREET	ADDRESS					
CITY-ST-ZIP	ESTERO FL 33928		2.40	ITY-S	T-ZIP					
TITLE	☐ DELETE		3.1 TI	πE					Change	Addition
NAME			3.2 N	AME						
STREET ADDRESS			3.3 \$	TREET	ADDRESS					ļ
CITY-ST-ZIP			34 0	DITY-S	T-ZIP					
TITLE	☐ DELETE		4 1 TI	4 1 TITLE					Change	☐ Addition
NAME			4.21	IAME						
STREET ADDRESS	ļ		4.3 8	TREET	ADDRESS					
CITY-ST-ZIP			44C	4 4 CITY-ST-ZIP		<u></u>				
TITLE	☐ DELETE		5 1 TI	51 TITLE					☐ Change	☐ Addition
NAME			5.2 N	AME						
STREET ADDRESS			538	TREET	ADDRESS					}
CITY-ST-ZIP				ITY-ST	r-zip					
TITLE		☐ DELETE	6.1 Ti						Change	☐ Addition
NAME			6.2 N							İ
STREET ADDRESS			6.3 S	TREET	ADDRESS					

CITY-ST-ZIP 14. I 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 or rifly that the information indicate 1 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: NORMA J HLIGH