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FILED

Apr 17 1997 8:00am  
Secretary of State

**PROFIT CORPORATION**  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # P96000018308 (2)**

1. Corporation Name

**PROGRESSIVE TECHNOLOGY GROUP, INC.**

Principal Place of Business

**500 NO. MAITLAND AVENUE STE 202  
MAITLAND FL 32751**

Mailing Address

**5367 ENDICOTT PLACE  
OVIEDO FL 32765-6182**



2. Principal Place of Business

**21 SAME AS ABOVE**

2a. Mailing Address

**26 500 NO. MAITLAND AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27 Suite 202**

City & State

City & State

**23**

**28 MAITLAND FL**

Zip

Country

Zip

Country

**24**

**25**

**29 32751**

**30**

**ORANGE**

9. Name and Address of Current Registered Agent

**DICKERSON, DOUGLAS R  
5367 ENDICOTT PLACE  
OVIEDO FL 32765-6182**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DICKERSON, DOUGLAS R</b>	
STREET ADDRESS	<b>5367 ENDICOTT PLACE</b>	
CITY - ST - ZIP	<b>OVIEDO FL 32765-6182</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>YATES, JEFFREY D</b>	
STREET ADDRESS	<b>1345 BUNNELL ROAD</b>	
CITY - ST - ZIP	<b>APOPKA FL 32703</b>	
TITLE	<b>A</b>	<input type="checkbox"/> DELETE
NAME	<b>APOPKA</b>	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 in changed, or on an attachment with an address.

SIGNATURE:

**Douglas R. Dickerson** **DOUGLAS R. DICKERSON** 1/9/97 (407) 644-7595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)