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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000022382 (1)

PROGRESSIVE MAINTENANCE CORPORATION

FILED May 09 1997 8:00am Secretary of State



Principal Place of Business 6758 NW 199TH ST MIAMI FL 33015		Mailing Address 8758 NW 199TH ST MIAMI FL 33015-2485		1 4861/855 FIE (8116 BUIL BOM EPH) 80(H 8811 H915 FIEBS 11161 1811 H917			
					3. Date Incorporated or Qualified 03/08/1996	3a. Date of La	st Report
2. Principal P	lace of Business	2a. Mailing Address	•		4. FEI Number		Applied For
21		26					Not Applicable
Suite Apt	# etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional
22		27			5. Certificate of Status Desired	Fee	Required
City & Stat	0	City & State			6. Election Campaign Financing	\$5.	00 May Be
23		28			Trust Fund Contribution	☐ Add	led to Fees
Zφ	Country	Country Z _f p Cou		у	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
	ldfarb, deborah		8.	Name			
	5 SW 88TH AVE		8:	Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
CO	OPER CITY FL 33328						
			8:	3			
			8.	City		85	Zip Code
				'		FLIT	
office or r agent. La	to the provisions of Sections our Us registered agent, or both, in the Stat im familiar with, and accept the purity	uz and 607.1508, Florida Slat o of Florida, Such change was gations of, Section 607.0505, I	utes, the abo s authorized b Florida Statuti	ve-named cor by the corpora as.	poration submits this statement for the pation's board of directors. I hereby accept	ot the appointmen	t as registered
SIGNATURE	Nellegal The	ldst			4-,	28-97	
	V			gent signature requ	lired when reinstating)	DATE /	TABA III 48
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
THEE	1 7	☐ DELETE	1.1 TITLE			L Char	повода 🗀 эф.
NAME	GOLDFARB, DEBORAH 5625 SW 88TH AVE		1.2 NAME				
STREET ADDRESS				T ADDRESS			
C-TY - 51 - 70P	COOPER CITY FL 33328	T 55.555	1.4 CITY			F 6.	
HTLE	ST	☐ DELETE	2.1 TITLE			Char	nge [] Addition
NAME	AMGULO, GLORIA		2.2 NAMI				
STREET ADDRESS	6758 NW 199TH ST		2.3 STRE	1 ADDRESS			
CiTY S1+ZiP	MIAMI FL 33015		2 4 CITY	***************************************	**************************************		7.100
101.6		DELETE	3.1 TITLE			L Char	nge 🔲 Addition
NAME			3.2 NAMI				
STREET ADDRESS			3.3 STRE	T ADDRESS			
Cdy+S*+7@			3.4. CITY				
101.6		☐ DELETE	4.1 TITLE			L Char	nge [_] Addition
NAME			4. 2 NAM	E			
SARLEL ADDRESS			4.3 STRE	ET ADDRESS			
Cily S1-701			4.4 CITY	ST-ZIP			
1111.€		☐ DELĒTE	5.1 TITLE			Char	nge 🔲 Addition
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	E1 ADDRESS			
CHY-ST ZIP			5.4 CITY	-ST-ZIP			
THE		DELETE	6.1 THTLE			☐ Char	nge 🔲 Addition
NAMI			6.2 NAM				
STEEL LALORESS				ET ADDRESS			
City - SE-ZIP			6.4 CITY				
CHITTOTE ZIE	1		0.4 0111	O1 E11			

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 if changed or on an attribute the anaddress.