


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

FILED

Apr 29 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 # P96000042992 (3)					
1. Corporation Name PROGRESSIVE APARTMENTS, INC.					
Principal Place of Business 951 N.E. 167TH STREET SUITE 204 NORTH MIAMI BEACH FL 33162			Mailing Address 951 N.E. 167TH STREET SUITE 204 NORTH MIAMI BEACH FL 33162-3711		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1986	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0676902	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BEN-EZRA, MARC 951 N.E. 167TH STREET SUITE 102 N MIAMI BEACH FL 33162			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83. City			84. Zip Code		
85. State			86. City		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME MEISTER O, STEVEN			1.2 NAME Meister, Steven		
1.3 STREET ADDRESS 951 N.E. 167TH ST. SUITE 204			1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP N MIAMI BEACH FL 33162			1.4 CITY - ST - ZIP		
2.1 TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME LEVANO, DAVID			2.2 NAME		
2.3 STREET ADDRESS 2000 S. DIXIE HIGHWAY #210			2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP MIAMI FL 33133			2.4 CITY - ST - ZIP		
3.1 TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			3.2 NAME		
3.3 STREET ADDRESS			3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP			3.4 CITY - ST - ZIP		
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6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP			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 if changed, or on an attachment with an address.					
SIGNATURE _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____					
Daytime Phone # _____					



CR2E034 (9/96)

4-4-97 305 653-2402