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CORPORATION ANNUAL REPORT 1998

officer or director of the Block 12 or Block 13



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 13 1998 8:00am

Secretary of State

DOCUMENT #

1. Corporation Name P96000047041 (4)

PROGRESSIVE STUDIOS, INC.

Principal Place of Business Mailing Address 742 W AMELIA ST P.O. BOX 540059 ORLANDO FL 32805 ORLANDO FL 30005 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes ΠÑο 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VAN GELDER, DAVID Name 742 W AMELIA ST 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32805 83 Zip Code 11. Pursuant to the provisi the above-named corporation submits this statement for the purpose of changing its registered authorized by the corporation's board of directors. I hereby accept the appointment as registered ida Statutes AVID VAN GELDEI SIGNAT 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition GELDER, DAVID VAS NAME 1.2 NAME VAN GELDER, DAVID 742 W AMELIA ST STREET ADDRESS 1.3 STREET ADDRESS SAME ORLANDO FL CITY-ST-ZIP 1.4 C(TY - ST - Z)P TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-7(P TITLE DELETE 51 THILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CUTY-ST-ZIP 14. I hereby certify that the information supplindicated on this annual eport of supplindicate or director of the corporation or it the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information urate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ed with th