

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000042853 (6)**
1. Corporation Name
**PROGRESSIVE OFFICE SYSTEMS OF CENTRAL FLORIDA, I
NC.**

Principal Place of Business 308 MAC GREGOR RD WINTER SPRINGS FL 32708	Mailing Address 308 MAC GREGOR RD WINTER SPRINGS FL 32708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 150 Art Lane Suite, Apt. #, etc. 22 City & State 23 Sanford, FL Zip 24 32773 Country 25 USA		2a. Mailing Address 26 150 Art Lane Suite, Apt. #, etc. 27 City & State 28 Sanford, FL Zip 29 327 Country 30 USA		3. Date Incorporated or Qualified 05/12/1997
		4. FEI Number 59-3461757	Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**PRESTERA, EUGENE M
587 CALIBRE CREST #102
ALTAMONTE SPRINGS FL 32714**

new address

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	150 Art Lane		Sanford	FL 32773

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	PRESTERA, EUGENE M	1.2 NAME	Prestera, Eugene M
STREET ADDRESS	587 CALIBRE CREST PKWY #102	1.3 STREET ADDRESS	150 Art Lane
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	Sanford, FL 32773
TITLE	V	2.1 TITLE	
NAME	PRESTERA, JOHN	2.2 NAME	
STREET ADDRESS	308 MACGREGOR RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	
NAME	MOREAU, HENRY	3.2 NAME	
STREET ADDRESS	587 CALIBRE CREST PKWY #102	3.3 STREET ADDRESS	150 Art Lane
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	3.4 CITY-ST-ZIP	Sanford, FL 32773
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:



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CR2E034 (10/97)