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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P97000066340 (5) DOCUMENT #

PROGRESSIVE SERVICES OF SOUTH FLORIDA, INC.

FILED Jul 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							a imbailde, vin fairt fant, datti natur aturt baufd atift antes tritt billie allt.
4232 JACKSON STREET			4232 JACKS	4232 JACKSON STREET			
HOLLYWOOD FL 33021			HOLLYWOOD FL 33021				
Į.							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							07/31/1997
2. Principal P	Place of Busi	ness	2a. Mailing A	ddress			4. FEI Number Applied For
21				26			65-073/7 Not Applicable
Sulte, Apt. #, etc.			_	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22				27			ree nequired
City & State			F-7	City & State			6. Election Campaign Financing \$5.00 May Be
23	<u> </u>		28				Trust Fund Contribution Added to Fees
Z _i p		Country	Zip	ļ_	Country	•	8. This corporation owes or has paid the current year Intangible
24		25	29	30	<u> </u>		Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent AI VA CADIOS 81 Name						10. Name and Address of New Registered Agent	
	.VA, CARLO				"	Ivaine	ne l
4232 JACKSON STREET					82 Street Address (P.O. Box Number is Not Acceptable)		
į HO	DLLYWOOD	FL 33021			<u> </u>		
ļ					83		
					84	City	85 Zip Code
						0,	FL 18 2 P COOS
11. Pursuant	to the provis	ions of Sections 607.0	0502 and 607 1508, Fi	orida Statutes,	the above	э-патес	ed 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, type-d or provided many of registered agent and into if applicable (NOTE Registered Agent signature required when reinstating) DATE							
12.		OFFICERS /	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD			DELETE	1.1 TITLE		Change Addition
NAME	ALVA, (CARLOS			1.2 NAME		
STREET ADDRESS	#232 J	ackson street			1.3 STREET	ADDRESS	ss
CITY-ST-ZIP	HOLLY	WOOD FL 33021			14 CITY-S	T - Z(P	
TITLE	70			DELETE	21 THILE		☐ Change ☐ Addition
NAME	SCHWE	SER, FRITZS			2.2 NAME		
STREET ADDRESS	1	ACKSON STREET			2.3 STREET	ADDRESS	
CITY-ST-ZIP		WOOD FL 33021			2. 4 CITY - 1		
TITLE	80			DELETE	3.1 TITLE	vi- Eif	Change Addition
NAME		SER, GLADYS			3.2 NAME		La vienge La riadion
STREET ADDRESS		ACKSON STREET				ADDRESS	.e
1		WOOD FL 33021			3.3 STREET		00
CITY-ST-ZIP	TIVELI		· · · · · · · · · · · · · · · · · · ·	DELET E	3.4. CITY-5	SI-ZIP	Change Addition
TITLE			السابا	DEFEIR	4.1 TITLE		En cusula En vocation
NAME	,				4. 2 NAME		
STREET ADDRESS					4.3 STREET		SS
CITY-ST-ZIP					4.4 CITY - S	T-ZIP	
TITLE			Ц	DELETE	5.1 TITLE		L_I Change L_I Addition
NAME					5.2 NAME		
STREET ADDRESS					53 STREET	ADDRESS	ss [
CITY-ST-ZIP	L				5.4 CITY-S	T-ZIP	
THILE				DELETE	6.1 TITLE		Change Addition
NAME					6.2 NAME		
STREET ADDRESS					6.3 STREET	ADDRESS	ss
CITY-ST-ZIP					6.4 CITY - S	1 - 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.