

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90006 002 ***150.00

DOCUMENT # P98000043108

1. Corporation Name

PROGRESSIVE OFFICE FURNITURE INSTALLATION, INCORPORATED

Principal Place of Business

3881 NORTH WEST 34TH WAY
LAUDERDALE LAKES FL 33309

Mailing Address

3881 NORTH WEST 34TH WAY
LAUDERDALE LAKES FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

65-0836271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 320 S. Flamingo Rd.

Suite, Apt. #, etc.

22 Suite 204

23 City & State
Pembroke Pines, FL

24 Zip 33027 25 Country U.S.A

2a. Mailing Address

26 320 S. Flamingo Rd.

Suite, Apt. #, etc.

27 Suite 204

28 City & State
Pembroke Pines, FL

29 Zip 33027 30 Country U.S.A

9. Name and Address of Current Registered Agent

FRANCIS, WARREN ST PAUL
3881 NORTH WEST 34TH WAY
LAUDERDALE LAKES FL 33309

10. Name and Address of New Registered Agent

81 Name Warren ST Paul Francis

82 Street Address (P.O. Box Number is Not Acceptable)

320 S. Flamingo Rd

83 Suite 204

84 City Pembroke Pines

FL

85 Zip Code

33027

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 Warren Francis

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P President ☐ Change ☒ Addition
1.2 NAME Warren ST. Paul Francis
1.3 STREET ADDRESS 320 S. Flamingo Rd # 204
1.4 CITY-ST-ZIP Pembroke Pines, FL 33027

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Warren Francis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (954) 914-8884
Date Daytime Phone #

CR2E034 (1/198)