

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

**FILED**

**May 18 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S39510 (0)**

1. Corporation Name  
**PROGRESSIVE TECHNOLOGY, INC.**



Principal Place of Business <b>1910 NORTHEAST MIAMI COURT MIAMI FL 33132-1027 US</b>	Mailing Address <b>1910 N.E. MIAMI COURT MIAMI FL 33134-1027 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6781 W. Sunrise Blvd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>6781 W. Sunrise Blvd</b> Suite, Apt. #, etc.
City & State 23 <b>Plantation Florida</b>	City & State 27 <b>Plantation Florida</b>
Zip 24 <b>33313</b>	Country 25 <b>USA</b>
Zip 29 <b>33313</b>	Country 30 <b>USA</b>

3. Date Incorporated or Qualified <b>03/21/1991</b>	Applied For <input type="checkbox"/>
4. FEI Number <b>65-0250461</b>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**GINSBERG, MURRAY S  
1910 NORTHEAST MIAMI COURT  
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name <b>Ginsberg, Murray S.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6781 W. Sunrise Blvd</b>
83
84 City <b>Plantation</b>
85 State <b>FL</b>
Zip Code <b>33313</b>

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 607.0508, Florida Statutes

SIGNATURE *Murray Ginsberg, Pres.* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PTD</b>	<input type="checkbox"/> DELETE
NAME <b>GINSBERG, DR. MURRAY</b>	
STREET ADDRESS <b>8101 S.W. 72ND AVE.</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>VSD</b>	<input type="checkbox"/> DELETE
NAME <b>MAX, AUDREY</b>	
STREET ADDRESS <b>19340 COLLINS AVE, APT #702-A</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Ginsberg,</b>	
1.3 STREET ADDRESS <b>6781 W. Sunrise Blvd</b>	
1.4 CITY-ST-ZIP <b>Plantation, Florida 33313</b>	
2.1 TITLE <b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>MAX, Audrey</b>	
2.3 STREET ADDRESS <b>6781 W. Sunrise Blvd</b>	
2.4 CITY-ST-ZIP <b>Plantation, Florida 33313</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Murray Ginsberg, Pres.* **USE COPY 271 9/11**

CR2E034 (10/97)