FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:02

DOCUMENT # V74050 (8)

1. Corporation Name
PROGRESSIVE INVESTMENTS INC. OF LAKE PLACID

Principal Place of Business	Mailing Address
P O BOX 1169 LAKE PLACID FL 33852	~~P O BOX 1169~~ ~~LAKE PLACID FL 33852~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1992
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 15001 GASPARILLA RD	26 2300 CORPORATE BLVD NW
22 Suite, Apt. #, etc	27 SUITE 221
23 City & State: PLACIDA FL	28 City & State: BOCA RATON FL
24 Zip: 33946 25 County: USA	29 Zip: 33431 30 County: USA

4. FEI Number: 59-3147205 ☐ 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

7. This corporation has qualify for emerging tax credit & 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARK, JACK ~~1525 US 27 S~~ ~~LAKE PLACID FL 33852~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 506 BEAR ROAD 83 84 City: LAKE PLACID FL 85 Zip Code: 33852

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	11 TITLE	☒ Change ☐ Addition
NAME	CLARK, JACK	12 NAME	
STREET ADDRESS	~~1525 US 27 S~~	13 STREET ADDRESS	506 BEAR ROAD
CITY ST ZIP	~~LAKE PLACID FL~~	14 CITY ST ZIP	LAKE PLACID FL 33852
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WISOTSKY, MYRON	22 NAME	
STREET ADDRESS	1236 CR 17N	23 STREET ADDRESS	
CITY ST ZIP	LAKE PLACID FL	24 CITY ST ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	LEVY, LEE	32 NAME	
STREET ADDRESS	2300 CORPORATE BLVD NW # 221	33 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	REINSTATED BY MAY 1 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] LEE LEVY 4/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

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