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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999 DIVISION OF CORPORATIONS DOCUMENT # L60591 1. Corporation Name PROGRESSIVE HIGH PERFORMANCE INC. Mailing Address Principal Place of Business % KENNETH S. MCINNIS % KENNETH S. MCINNIS 15241 NW 33RD PLACE 15241 NW 33RD PLACE MIAMI FL 33054 MIAMI FL 33054 Principal Place of Business 2a. Mailing Address

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

05-01-1999 90085 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

03/23/1990

2. Principal Pl	ace of Business	e of Business 2a. Mailing Address			4. FEI Number		App	olied For	
21	26				65-0187390		Not	Applicable	
	e, Apt. #, etc. Suite, Apt. #, etc.				F. Cortifects of Status Desired			8.75 Additional Fee Required	
		27	NI 0 00					<u>'</u>	
City & State		City & State	¬ '		6. Election Campaign Financing Trust Fund Contribution	-			
Zip	Country	Zip	Country		8. This corporation owes the curre	ent year Intar	gible		
24	. 25 29 30				Personal Property Tax.	[⊒ Yes	ØNo	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name					
MCINNIS, KENNETH S.:				Object Address	on (D.O. Boy Number in Not Assente	blo)			
10040 N.W. 32ND COURT				82 Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33147			83			-			
							,		
				City	FL 85 Zip Code				
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 direction for 0505, Florida Statutes. SIGNATURE SIGNATURE ONTE: Registered Agent signature required when reinstaining) DATE									
				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.	PD OFFICERS AND	DELETE	13.		ABBITIONS/OFFICES TO OFF		Change	Addition	
TITLE	• -	_							
NAME	months in the man and the man		1.2 NAME						
STREET ADDRESS	l		1.3 STREET	ADDRESS				ì	
CITY-ST-ZIP			1.4 CITY-ST	r- ZIP			☐ Change	Addition	
TITLE	VD ·	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	111172, 0710117		2.2 NAME]				Ĭ	
STREET ADDRESS	MEET PERILES			ADDRESS	•				
CITY-ST-ZIP	PEMBROKE PINES FL		2. 4 CITY-S	T-ZIP					
TITLE		☐ DELETE	3.1 TITLE		المنافع المعاملا		☐ Change	. Addition	
NAME	3.2 N		3.2 NAME					1	
STREET ADDRESS			3.3 STREET	ADDRESS					
CITY-ST-ZIP	≠ :		3.4. CITY-S	T-ZIP					
TITLE	:	☐ DELETE	4.1 TITLE				Change	Addition	
NAME	· · · · ·	İ	4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY- S				•	-	
TITLE		☐ DELETE	5.1 TITLE	· -		.,	☐ Change	Addition	
NAME	(3)	_	5.2 NAME				•,		
			5.3 STREET	ADDRESS			٠		
STREET ADDRESS			5.4 CITY-S						
CITY-ST-ZIP		☐ DELETE	6.1 TILE				Change	Addition	
TITLE		C) presi-	6.2 NAME						
NAME			6.3 STREET	ANNESS					
STREET ADDRESS									
CITY-ST-ZIP			6.4 CITY-S		-110 07(2)(i) Elorida Statuta - 1	further conti	u that the is	formation	
14. I hereby o	certify that the information supplied with	this filing does not quality for th	e exempti	on stated in Se	ection 119.07(3)(i), Florida Statutes. I shall have the same legal effect as if	nunner centi made under	y urat the If	am an	

reguir is true and accurate and that my signature shall have the same legal effect as it made those dain, that I am at disterempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address, with all other like empowered.