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

BRIAN

SIGNATURE:

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May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)PROGRESSIVE MOTORS, INC. Principal Place of Business Mailing Address 200 S FEDERAL HIGHWAY POMPANO BCH. FL 33062 200 S FEDERAL HIGHWAY POMPANO BCH. FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/19/1984 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2465205 21 Not Applicable 26 Suite Apt # etc Suite Apt # etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent A1 Name MCGRATH, BRIAN M. 200 S FEDERAL HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BCH. FL 33062 83 84 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 obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registrated agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change TATLE 1.1 TITLE MCGRATH, BRIAN M. NAME 1.2 NAME 2740 NE 35TH DRIVE STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 21 TITLE MCGRATH, PATRICIA D. NAME 2.2 NAME 2740 NE 35TH DRIVE STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 4. 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 true to the corporation of the receiver or true that I am an officer or director of the corporation or the receiver or true to the corporation of the corporation of the corporation of the corporation of the receiver or true to the corporation of the co

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4/23/98 (954)785-8600