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

**FILED** Feb 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H30763 (7) PROGRESSIVE RESOURCES, INC. Principal Place of Business Mailing Address 14 S. VALENCIA DR. 14 S. VALENCIA DR. DAVIE FL 33324 DAVIE FL 33324 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1984 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 59-2487535 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEWART, DANA 271 FLORIDA AVE. 82 Street Address (P.O. Box Number is Not Acceptable) FT.LAUDERDALE FL 33312 83 84 City 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** (NOTE Registered Agent signature required when reinstating) Studature. Noted of content has a of telephoned agent and tide it apply able 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ☐ Addition STEWART, DANA NAME 1.2 NAME 14 S VALENICA DR STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TO LE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP DELFIE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 angual 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 consciousness of the consciousness of the consciousness and that my name appears in Block 13 if changed for on any all schingly with an address (954) 473-444,

Change Addition