


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

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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J06397 of					
1. Corporation Name PROGRESSIVE BAYSIDE INSURANCE COMPANY					
Principal Place of Business 3802 COCONUT PALM DRIVE TAMPA, FL 33619			Mailing Address 3802 COCONUT PALM DR TAMPA, FL 33619		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 3/27/86	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 31-1193845	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
26		27		28	
29		30		31	
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE, FL 32301			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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 PD NAME DANIEL R. LEWIS STREET ADDRESS 8881 NW 19TH TERR CITY-ST-ZIP MIAMI, FL 33172			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE SD NAME DAVID M. SCHNEIDER STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE TAV NAME CHARLES B. CHOKEL STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE AS NAME KATHLEEN M. CERNY STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE ATVP NAME JANET A. DOLOHANTY STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE D NAME PETER B. LEWIS STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143			6.1 TITLE 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, with all other like empowered.

SIGNATURE: JDX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)