FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M72555** **(9)**

1. Corporation Name

PROGRESSIVE DATA SOLUTIONS, INC.

Principal Place of Business

1320 N. SEMORAN BLVD.
SUITE 205
ORLANDO FL 32807

Mailing Address

1320 N. SEMORAN BLVD.
SUITE 205
ORLANDO FL 32807

3. Date Incorporated or Qualified: **03/11/1988**

3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business
21 1300 N. Semoran Blvd.
Suite, Apt. #, etc.
22 Suite 200
City & State
23 Orlando, FL 32807
Zip 24
Country 25 USA

2a. Mailing Address
26 1300 N. Semoran Blvd.
Suite, Apt. #, etc.
27 Suite 200
City & State
28 Orlando, FL 32807
Zip 29
Country 30

4. FEI Number: **59-2943741** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BITTENBENDER, THOMAS L.
1320 N. SEMORAN BLVD.
SUITE 205
ORLANDO 32807

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 1300 N. Semoran Blvd.
Suite 200
84 City: Orlando FL 85 Zip Code: 32807

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 person signing) (If applicable, Registered Agent's signature) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BITTENBENDER, THOMAS L. 1320 N. SEMORAN BVD,S205 ORLANDO FL ☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	Vice President-Operations ☐ Change ☒ Addition Jacqueline J. Janowiak 1300 N. Semoran Blvd., Suite 200 Orlando, FL 32807
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BITTENBENDER, MARCIA L. 1320 N. SEMORAN BLD #205 ORLANDO FL ☐ DELETE	2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	☐ Change ☐ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I 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 added by amendment with an address.

SIGNATURE: Malcia L. Bittenbender 1/31/96 407-382-5950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #