

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12288** (9)  
1. Corporation Name  
**PARTNERS N PROGRESS, INC.**



Principal Place of Business <b>% CATHY SANTA 225 1ST AVENUE SW LARGO FL 34640-3503</b>	Mailing Address <b>% CATHY SANTA 225 1ST AVENUE SW LARGO FL 33770-3503</b>
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3. Date Incorporated or Qualified <b>11/26/1985</b>	3a. Date of Last Report <b>06/25/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 <b>PARTNERS N PROGRESS, INC.</b> 27 Suite, Apt. #, etc. <b>P.O. Box 1030</b> 28 City & State <b>LARGO, FL</b> 29 Zip <b>33779</b> 30 Country <b>USA</b>	4. FEI Number <b>59-2597553</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANTA, CATHY  
225 1ST AVENUE SW  
LARGO FL 33540**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	DP	1.1 TITLE	<b>DPP</b>
NAME	<b>SUDNIK, SUSAN</b>	1.2 NAME	
STREET ADDRESS	<b>2000 WEST BAY DR SUITE 1</b>	1.3 STREET ADDRESS	<b>2000 West Bay Dr, Suite #5</b>
CITY-ST-ZIP	<b>LARGO FL</b>	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	
NAME	<b>HAMMER, MARK R</b>	2.2 NAME	
STREET ADDRESS	<b>8997 131ST PLACE N SUITE 200</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<b>DVP</b>
NAME	<b>MCCOLLUM, RICK</b>	3.2 NAME	<b>Jay Rice</b>
STREET ADDRESS	<b>3003 BLUFFS DR</b>	3.3 STREET ADDRESS	<b>13080 S. Belcher Rd</b>
CITY-ST-ZIP	<b>LARGO FL</b>	3.4 CITY-ST-ZIP	<b>Largo, FL</b>
TITLE	D	4.1 TITLE	<b>DP</b>
NAME	<b>FRIZZELL, JOANNE</b>	4.2 NAME	
STREET ADDRESS	<b>2200 TALL PINES DR #108</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	<b>DS</b>
NAME	<b>HOPPE, CINDY</b>	5.2 NAME	<b>Phyllis M Miller</b>
STREET ADDRESS	<b>10500 ULMERTON ROAD. E #510</b>	5.3 STREET ADDRESS	<b>12345-A Starkey Road</b>
CITY-ST-ZIP	<b>LARGO FL</b>	5.4 CITY-ST-ZIP	<b>Largo, FL</b>
TITLE	PPD	6.1 TITLE	
NAME	<b>BURKE, PAT</b>	6.2 NAME	
STREET ADDRESS	<b>PARAGON CABLE- 472 5TH AVENUE SE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

*[Signature]*

*[Signature]*

CR2E037 (9/96)