FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P9300000688 (0)

1. Corporation Name PROGRESS WHO! ESALE OF AMEDICA INC.

PROG	GRESS WHOLESALE OF	america, in	C.									
Principal Place of Business Mailing Address								i illeribbi da	I IIII IIII IIII IIII I			
5750 MAJO 275 ORLANDO	275	5750 MAJOR BLVD. 275 ORLANDO FL 32819										
US		US					Oate Incorporated or Qualified 3a. Date of Last Report 01/06/1993 05/23/1995			•		
2. Principa! Pla 21	ace of Business	2a. Mailing	2a. Mailing Address 26					4. FEI Number 65-037			00/20/ 	Applied For Not Applicable
Suite, Apt. #	I, etc.) ₁	Suite, Apt. #, etc.					5. Certificate of Sta				5 Additional
City & State		City &	City & State					6. Election Campai			\$5.0	Required May Be
Zip 24	Country 25	Zip 29	Zip Cou				This corporation has liability for intangible tax under				ed to Fees s 199.032,	
	9. Name and Address of Curr		gent	130]	Т			Florida Statutes 10. Name and Add			Anont	
					81	Name		10		nogratered i	Ayem	
VAZ DE SOUSA, SELMA G 5105 DORRINGTON LANE					82 Street Addr			s (P.O. Box Number i	s Not Accepta	ble)		
	DO FL 32821				83							
					84	City	·· · · · · ·		-		1.51 -	
11 Purcuont to	the providence of Coation - COZ OF	00 1007 1500			1 1					FL		ip Code
or registere	the provisions of Sections 607.05 d agent, or both, in the State of Fundamental added the obligations of, \$100.000 and added the obligations of, \$100.000 and added to the obligations of, \$100.000 and added to the obligations of \$100.0000 and added to the obligations o	02 and 607.1508, orida. Such change	Florida Statute was authorize	is, the abi	corpo	amed coration's	orporation board	on submits this stater of directors. I hereby	nent for the pu	rpose of cha	nging its	registered office
SIGNATURE	i, and accept the obligations of, so	ection 607.0506, FI	orida Statutes,						assoful the other	O TOTAL ES	registeret	agent. Lant
	ignature, kiped or printed name of registered ag	ent and title if applicable.	(NO)	TE: Registered	d Agent	l signature	required wh	nen reinstating)		DATE		
12.		ND DIRECTORS		13.				ADDITIONS/CHA	NGES TO OFF		DIRECTO	DRS IN 12
TITLE	DP	_] DELETE	1.13	TITLE						Change	☐ Addition
STREET ADDRESS	VAZ DE SOUSA, SELMA 5105 DORRINGTON LANE	G :		1.2 N								
CITY-ST-ZIP	ORLANDO FL	•				ADDRESS						
TITLE			DELETE	2.11	ITY-ST	1-ZIP	 -				Change	Medition
NAME		_		2 2 N						L.	j change	☐ Addition
STREET ADDRESS				•		ADDRESS						
CITY-ST-ZIP				240	TY-ST	-ZIP						
] DELETE	3 1 7	ITLE] Change	☐ Addition
NAME CERTEL APPRICE				3.2 N	AME							
STREET ADDRESS CITY-ST-ZIP						ADDRESS						
TITLE		Г	DELETE	3.4 CI 4. 1 T	17 - ST	- ZIP						
NAME			J DECENE	4.2 N/						L) Change	☐ Addition
STREET ADDRESS						NDDRESS						
CITY-SI-ZIP					TY-ST-							Ī
TATLE		Ĺ	DELETE	5. 1 TI		:		****			Change	☐ Addition
NAME				5.2 NA	ME					_		
STREET ADDRESS				5 3 ST	REET A	DDRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		···	5 4 Ci	TY-ST-	- ZIP						i
TITLE] DELETE	6 1 JI	TLE						Change	☐ Addition
NAME STOLL ADDOCES				6.2 NA	ME							
STREET ADDRESS						DDRESS						
14. I do hereby	certify that the information supplied	with this filing is w	oluntarily furnis	64 Cl	TOPS	not our	ity for th	a evamation state di	Cooting 440	07/0/03 5: :		

of the device filt of the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 of changed, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECT

4/10/96 (407)248.00/1