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Secretary of State

03-02-1999 90098 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000000688

1. Corporation Name
PROGRESS WHOLESALE OF AMERICA, INC.

Principal Place of Business 5750 MAJOR BLVD. 275 ORLANDO FL 32819 US	Mailing Address 5750 MAJOR BLVD. 275 ORLANDO FL 32819 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/06/1993	4. FEI Number 65-0377660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 7345 SW SAND LAKE Suite, Apt. #, etc. 22 308 City & State 23 ORLANDO - FL Zip 24 32819	2a. Mailing Address 26 7345 SW SAND LAKE Suite, Apt. #, etc. 27 308 City & State 28 ORLANDO FL Zip 29 32819
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9. Name and Address of Current Registered Agent 80 SOUSA, ANTONIO JOSE 5750 MAJOR BLVD. STE. #275 ORLANDO FL 32819	10. Name and Address of New Registered Agent 81 Name 82 SOUSA, ANTONIO JOSE 83 Street Address (P.O. Box Number is Not Acceptable) 84 7345 SW SAND LAKE SUITE 308 85 City 86 ORLANDO 87 FL 88 Zip Code 89 32819
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANTONIO JOSE SOUSA 10218 NEWINGTON DR. ORLANDO FL 32836	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP ANTONIO JOSE SOUSA 10218 NEWINGTON DR. ORLANDO FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: *[Signature]* 1-22-99 (407) 248-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)