

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000060394 (1)  
1. Corporation Name  
PROGRESSIVE CONSUMERS INSURANCE COMPANY



Principal Place of Business 3802 COCONUT PALM DRIVE TAMPA FL 33619	Mailing Address 3802 COCONUT PALM DRIVE TAMPA FL 33619
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/12/1994	
				4. FEI Number 59-3213819	
				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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STATE TREASURER AND INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEWIS, PETER B			1.2 NAME			
STREET ADDRESS	6300 WILSON MILLS RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	MAYFIELD VILLAGE OH 33143			1.4 CITY-ST-ZIP			44143-2182
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	AT AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEWIS, DANIEL R			2.2 NAME	DOLOHANTY, JANETA		
STREET ADDRESS	8881 N.W. 18TH TERRACE			2.3 STREET ADDRESS	6300 WILSON MILLS RD		
CITY-ST-ZIP	MIAMI FL 33172			2.4 CITY-ST-ZIP	MAYFIELD VILLAGE, OH		44143-2182
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TAVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHOKEL, CHARLES B			3.2 NAME	CHOKEL, CHARLES B		
STREET ADDRESS	6300 WILSON MILLS RD.			3.3 STREET ADDRESS	6300 WILSON MILLS RD		
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143			3.4 CITY-ST-ZIP	MAYFIELD VILLAGE OH		44143-2182
TITLE	DP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCMILLAN, ROBERT J			4.2 NAME	LEWIS, DANIEL R		
STREET ADDRESS	3802 COCONUT PALM DR.			4.3 STREET ADDRESS	8881 N.W. 18th Terrace		
CITY-ST-ZIP	TAMPA FL 33619			4.4 CITY-ST-ZIP	Miami, FL 33172		
TITLE	DS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEIDER, DAVID M			5.2 NAME			
STREET ADDRESS	6300 WILSON MILLS RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	CERNY, KATHLEEN M		
STREET ADDRESS				6.3 STREET ADDRESS	6300 WILSON MILLS RD		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Mayfield Village OH		44143-2182

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.

CR2E034 (10/97)