

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000095882

1. Corporation Name  
PROGRESSIVE RECOVERY, INC.

Principal Place of Business  
520 CIDCO RD  
COCOA FL 32926  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
26

22 City & State  
27

23 Zip Country  
24 25 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

YODER, CRAIG A  
229 SEAPORT BLVD  
CAPE CANAVERAL FL 32926

81 Name YODER, CRAIG A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2131 INDIAN RIVER DRIVE  
83  
84 City COCOA

FL 85 Zip Code 32926

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

A. Yoder

(NOTE: Registered Agent signature required when reinstating)

1/4/99

12. OFFICERS AND DIRECTORS

TITLE S  DELETE  
NAME DETTRA, SAMUEL RAY  
STREET ADDRESS 23063 BOLONDER PONTIUS RD  
CITY-ST-ZIP CIRCLEVILLE OH

TITLE T  DELETE  
NAME SARGENT, STEPHEN S  
STREET ADDRESS 26791 LUDWEL DRESBACH RD  
CITY-ST-ZIP CIRCLEVILLE OH

TITLE P  DELETE  
NAME YODER, CRAIG A  
STREET ADDRESS 229 SEAPORT BLVD  
CAPE CANAVERAL FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

5  Change  Addition  
DETTRA, SAMUEL RAY  
3690 SAVANNAH TRAIL  
MERRIT ISLAND, FL 32953

P  Change  Addition  
CRAIG A. YODER  
2131 INDIAN RIVER DRIVE  
COCOA, FL 32922

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

Date

(407) 632-6341

Daytime Phone #

CR2E034 (11/98)

011671