


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
Aug 05 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P97000101983 (9)</b> 1. Corporation Name <b>PROGRESS TRADING INC.</b>		



Principal Place of Business <b>7500 REPUBLIC DRIVE ORLANDO FL 32819</b>	Mailing Address <b>7500 REPUBLIC DRIVE ORLANDO FL 32819</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7520 Universal Blvd</b> Suite, Apt. #, etc. 22 <b>Suite 131</b> City & State 23 <b>Orlando Florida</b> Zip 24 <b>32819</b>		2a. Mailing Address 26 <b>7520 Universal Blvd</b> Suite, Apt. #, etc. 27 <b>Suite 131</b> City & State 28 <b>Orlando Florida</b> Zip 29 <b>32819</b> Country 30 <b>ORANGE</b>		3. Date Incorporated or Qualified <b>11/21/1997</b>	
4. FEI Number <b>59-3497820</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GROSSMANN, DAVID 7500 REPUBLIC DRIVE ORLANDO FL 32819</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>7520 Universal Blvd</b> 83 <b>Suite 131</b> 84 City <b>Orlando</b> FL 85 Zip Code <b>32819</b>			
---	--	--	--	---	--	--	--

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

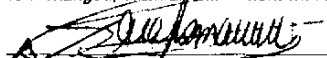
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GROSSMANN, DAVID			1.2 NAME			
STREET ADDRESS	7500 REPUBLIC DRIVE			1.3 STREET ADDRESS	<b>7520 Universal Blvd Suite 131</b>		
CITY-ST-ZIP	ORLANDO FL 32819			1.4 CITY-ST-ZIP	<b>ORLANDO FL 32819</b>		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PENNA, PAULO E			2.2 NAME			
STREET ADDRESS	7500 REPUBLIC DRIVE			2.3 STREET ADDRESS	<b>7520 Universal Blvd Suite 131</b>		
CITY-ST-ZIP	ORLANDO FL 32819			2.4 CITY-ST-ZIP	<b>ORLANDO FL 32819</b>		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOBREGA, JOSE R			3.2 NAME			
STREET ADDRESS	7500 REPUBLIC DRIVE			3.3 STREET ADDRESS	<b>7520 Universal Blvd Suite 131</b>		
CITY-ST-ZIP	ORLANDO FL 32819			3.4 CITY-ST-ZIP	<b>ORLANDO FL 32819</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:  7/24/98

CR2E034 (5/98)