Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90208 019 ***150.00

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 # DOCOCOCTTE

 Corporation 	OGRESSIONS GROUP, INC						
Principal Place of Business Mailing Address					I (891/69) ISA (8:0) (8)() CDIST OBSIT ABUST SDISD	INNER BUST 18811 S	8401 BIII 1861
6751 CALAIS AVENUE 6751 CALAIS AVENUE							
COCOA FL 32927-3627 COCOA FL 32927-3627							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 11/13/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21					- 93-1256723		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ '		5. Certificate of Status Desired	\$8.75 A Fee Red	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 1	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country 25	Zip	Country	,	This corporation owes the current year Int Personal Property Tax.		⊠ No
2-1	9. Name and Address of Curre		1		10. Name and Address of New Registered	Agent	
			81	Name			
DONAHUE, SEAN J			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
6751 CALAIS AVENUE					,		
COC	COA FL 32927-3627		83				
			84	City	FL	85 Zip C	ode
				L	prporation submits this statement for the purpose of	phonoina ita	- gistored
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autrations of, Section 607.0505, Florida	orized by a Statutes	the corpora	ation's board of directors. I hereby accept the appointment of the properties of the	ntment as reg	jistered
12,	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE			1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	☐ Addition
NAME	DONAHUE, SEAN J	1.2 N					ĺ
STREET ADDRESS	6751 CALAIS AVENUE			T ADDRESS			ļ
CITY-ST-ZIP	COCOA FL 32927-3627		1.4 CfTY-S	T-ZIP			
TITLE	D	☐ DELETE 2.1 T				☐ Change	Addition
NAME	KIES, SHANNON M	2.2 N		ļ			1
STREET ADDRESS	0.0.0.0.00		2.3 STREE	TADORESS			
CITY-ST-ZIP	COCOA FL 32927-3627			ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME		321		[1
STREET ADDRESS	l 🛮			TADDRESS			1
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME	ļ			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	R-ZIP		☐ Change	Addition
TITLE			5.1 TILE 5.2 NAME				
NAME STREET ADDRESS			B .	TADDRESS		•	1
CITY-ST-ZIP	ADDRESS		5.4 CITY-S				j
TITLE			6.1 TITLE			☐ Change	Addition
NAME	•		6.2 NAME				
STREET ADDRESS	DDRESS 638		63STREE	T ADDRESS	•		}

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.

6.4 CITY-ST-ZIP

SIGNATURE: ?

CITY-ST-ZIP

MUZEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(702) 293-5171

Daytime Phone #