


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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S71136 (3)					
1. Corporation Name PROGRESSIVE PROPERTY SERVICES, INC.					

Principal Place of Business 9428 BAYMEADOWS ROAD SUITE 110 JACKSONVILLE FL 32256	Mailing Address 9428 BAYMEADOWS ROAD SUITE 110 JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9428 Baymeadows Rd Suite, Apt. #, etc. 22 Ste 120 City & State 23 Jax, FL Zip 24 32256		2a. Mailing Address 26 9428 Baymeadows Rd. Suite, Apt. #, etc. 27 Ste 120 City & State 28 Jax, FL Zip 29 32256		Country 30 Duval	
9. Name and Address of Current Registered Agent ELEFANT, FRED 1650 PRUDENTIAL DRIVE SUITE 105 JACKSONVILLE FL 32207				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	

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	1.1 TITLE	V
NAME	FITZPATRICK, CHRISTINA	1.2 NAME	CARUN BURLINGAME
STREET ADDRESS	9424 BAYMEADOWS RD #120	1.3 STREET ADDRESS	9428 BAYMEADOWS RD. STE 120
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JAX, FL 32256
TITLE		2.1 TITLE	D
NAME		2.2 NAME	CHRISTINA FITZPATRICK
STREET ADDRESS		2.3 STREET ADDRESS	9428 BAYMEADOWS RD STE 120
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JAX, FL 32256
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 registered agent 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, on an addition with an address.

SIGNATURE:

SIGNATURE REQUIRED

1-6-98 904-2888284

CR2E034 (10/97)