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 # 351498 1. Corporation Name

METRO ADVERTISING INC

Mailing Address Principal Place of Business 2757 NW 36TH ST.: --2757 NW 36TH ST. MIAMI FL 33142. MIAMI FL 33142 US US 3. Date Incorporated or Qualifed 08/29/1969 2a. Mailing Address 2. Principal Place of Business 4. FEI Number 59-1273002 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing 28 Trust Fund Contribution 23 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SEITLE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2900 NW 36TH STREET

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90027 029 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

MIAN	VII FL 3314	83		"包具體製額數	
		84 City	F.	85 Zip Code	
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 of 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 A	ND DIRECTORS IN 12	
TILE	P DELETE	1.1 TITLE	48 × 1	☐ Change ☐ Addition	
NAME .	SEIDLE.MICHAEL	1.2 NAME		!	
STREET ADDRESS	2900 NW 36TH ST	1.3 STREET ADDRES	ss	-	
CITY-ST-ZIP	MIAMI FL	1.4 CFTY+ST+ZIP	,		
ITILE	V DELETE	2.1 TITLE		☐ Change ☐ Addition	
VAME !	SEIDLE,ROBERT	2.2 NAME	•	,	
STREET ADDRESS	2900 N.W. 36TH ST.	2.3 STREET ADDRES	ss	•	
CITY-ST-ZIP	MIAMI FL AND	2. 4 CITY-ST-ZIP		<u>'</u>	
MTLE	S DELETE	3.1 TITLE		☐ Change ☐ Addition	
VAME	SEIDLE, BETTY	3.2 NAME	·		
TREET ADDRESS	2900 N.W. 36TH ST.	3.3 STREET ADDRES	SS	·	
CITY-ST-ZIP	MIAMI FL	3.4. CITY-ST-ZIP		為為熱性顯熱	
me	D DELETE	4.1 TITLE	7	Change Addition	
NAME	SEIDLE, MICHAEL	4. 2 NAME	,		
STREET ADDRESS	2900 N.W. 36TH ST.	4.3 STREET ADDRES	ss		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		,	
rithe	D DELETE	5.1 TITLE		☐ Change ☐ Addition	
VÁME -	SEIDLE, ROBERT	5.2 NAME		•	
STREET ADDRESS	2900 NW 36TH ST	5.3 STREET ADORES	ss		
CITY-ST-ZIP	MIAMI FL 33142	5.4 CITY- ST-ZIP	```		
ritle	© DELETE	6.1 TITLE		Change Addition	
NAME		6.2 NAME			
STREET ADORESS		6.3 STREET ADDRES	ss		
CITY-ST-ZIP	W. S. Carlotte	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.