

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 6/16/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

94 JUN 17 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
CORPORATION REPORTS

DOCUMENT # **H23511 (9)**

1. Corporation Name
METROPOLITAN COMMUNICATIONS, INC.

Mailing Address: **11814 NORTH 56TH STREET STE C TAMPA FL 33617 US**
 Principal Place of Business: **11814 NORTH 56TH STREET SUITE C TAMPA FL 33617 US**

3. Date incorporated or re-incorporated: **09/28/1984**
 3a. Date of last report: **04/22/1993**

21. Mailing Address: 7101 Cove Place	26. Principal Place of Business: 11814 North 56th Street	4. FEI Number: 59-2459823	5. Certificate of Status Desired: \$8.75 Additional Fee Required	6. Tax Exempt Status: \$5.00 May Be Added to Fees
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.: Suite "B"	7. Nonprofit with IRS 501(c)(3) status: <input type="checkbox"/>	8. This Corporation has liability for an unpaid tax under § 199.02, Florida Statutes: <input checked="" type="checkbox"/> No	
23. City & State: Tampa, FL	28. City & State: Tampa, FL			
24. Zip: 33617	25. Country: Hillsborough	29. Zip: 33617	30. Country: Hillsborough	

9. Name and Address of Current Registered Agent: WALKER, LAURA L 3907 NORTH BOULEVARD TAMPA FL 33603	10. Name and Address of New Registered Agent:
81. Name:	
82. Street Address (P.O. Box Number is Not Accepted):	
83. City:	
84. State:	FL
85. Zip Code:	

11. Pursuant to the provisions of Sections 607.0902 and 607.1508 or Sections 617.0512 and 617.1508, Florida Statutes, the undersigned hereby certifies that the information for the purpose of changing its registered office or registered agent or both, in the State of Florida, has been authorized by the board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.1508 of the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. CHANGING REGISTERED AGENT	
11 NAME: D CRIST, VICTOR DONALD	11 NAME:	11 NAME:	
12 STREET ADDRESS: 7101 COVE PLACE	12 STREET ADDRESS:	12 STREET ADDRESS:	
13 CITY, ST, ZIP: TAMPA FL 33617	13 CITY, ST, ZIP:	13 CITY, ST, ZIP:	
21 NAME: P/S/T CRIST, VICTOR DONALD	21 NAME:	21 NAME:	
22 STREET ADDRESS: 7101 COVE PLACE	22 STREET ADDRESS:	22 STREET ADDRESS:	
23 CITY, ST, ZIP: TAMPA FL 33617	23 CITY, ST, ZIP:	23 CITY, ST, ZIP:	
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14. I do hereby certify that the information supplied with this filing is true, correct and complete, for the corporation, state or federal tax purposes. I further certify that the information included on this report is not an annual report. I am a director of the corporation and I am authorized to sign this report. I am not a director of the corporation and I am not authorized to sign this report. I am not a director of the corporation and I am not authorized to sign this report. I am not a director of the corporation and I am not authorized to sign this report.

SIGNATURE: **[Signature]** President **6/14/94** **813-988-8206**