

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000020376 (6)**

1. Corporation Name
METRO MOBIL OF FT. MYERS, INC.



Principal Place of Business: **8963 S.W. 49TH ST. COOPER CITY FL 33328**
Mailing Address: **8963 S.W. 49TH ST. COOPER CITY FL 33328**

3. Date Incorporated or Qualified: **03/13/1995** 3a. Date of Last Report

2. Principal Place of Business: **2851 Colonial Blvd.** 2a. Mailing Address: **2851 Colonial Blvd.**

4. FEI Number: **65-0568038** Applied For: Not Applicable

22. City & State: **Ft. Myers, FL.** 27. City & State: **Ft. Myers, FL.**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: **33912** 25. Country: **USA** 29. Zip: **33912** 30. Country:

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent: **GROSS, MARK A 8963 S.W. 49TH ST. COOPER CITY FL 33328**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

81. Name: **GROSS, MARK A**
82. Street Address (P.O. Box Number is Not Acceptable): **8963 S.W. 49TH ST. COOPER CITY FL 33328**
83. **2851 COLONIAL BLVD**
84. City: **Ft. MYERS** FL 85. Zip Code: **33912**

10. Name and Address of New Registered Agent

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PSTD	
NAME	GROSS, MARK A	
STREET ADDRESS	8963 S.W. 49TH ST.	
CITY - ST - ZIP	COOPER CITY FL 33328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	2851 COLONIAL BLVD.		
1.4 CITY - ST - ZIP	Ft. MYERS, FL. 33912		
2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	JOAN GROSS		
2.3 STREET ADDRESS	2851 COLONIAL BLVD.		
2.4 CITY - ST - ZIP	Ft. MYERS, FL. 33912		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on a list, or as an attachment with an address.

SIGNATURE: **MARK A. GROSS** 4/16/96 (41) 936-8806
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone #

CR2E034 (12/95)