

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 # 271157 (0)

1. Corporation Name

METROPOLITAN COMMUNICATION SERVICES, INC.



Principal Place of Business

Mailing Address

P O BOX 1533
PO BOX 1533 MELBOURNE 32902
MELBOURNE FL 32902

P O BOX 1533
PO BOX 1533 MELBOURNE 32902
MELBOURNE FL 32902

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/21/1963

3a. Date of Last Report

03/10/1995

4. FEI Number

59-1009139

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

HARRELL, ROBERT H.
914 E. PALMETTO
MELBOURNE FL 32901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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

1. TITLE

☐ DELETE

NAME

TD

STREET ADDRESS

HARRELL, ROBERT H

CITY- ST- ZIP

914 E. PALMETTO

STATE

MELBOURNE FL

1. TITLE

☐ DELETE

NAME

SD

STREET ADDRESS

HARRELL, MARY H

CITY- ST- ZIP

914 E. PALMETTO

STATE

MELBOURNE FL

1. TITLE

☐ DELETE

NAME

PD

STREET ADDRESS

HARRELL, ROBERT H

CITY- ST- ZIP

914 E. PALMETTO

STATE

MELBOURNE FL

1. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

STATE

NAME

STREET ADDRESS

CITY- ST- ZIP

STATE

NAME

STREET ADDRESS

CITY- ST- ZIP

STATE

NAME

STREET ADDRESS

CITY- ST- ZIP

STATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. STATE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. STATE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. STATE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. STATE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. STATE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

25. STATE

26. NAME

27. STREET ADDRESS

28. CITY- ST- ZIP

29. STATE

30. NAME

31. STREET ADDRESS

32. CITY- ST- ZIP

33. STATE

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 employed 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)