Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90027 041 \*\*\*150.00

## 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 # 500880

1. Corporation Name

METRO SPECIALTY SERVICES CORPORATION

Principal Place of Business Malling Address							
1972 HILLVIEW ST POST OFFICE BOX 985							
SARASOTA FL 34239		SARASOTA FL 34230-0985		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
US US							
					04/09/1976		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		26			59-1661665		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & Star	te	City & State			6, Election Campaign Financing	\$5:00	Mav Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Coun	гу	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	□Yes	□No
	9. Name and Address of Curren				10. Name and Address of New Registere	d Agent	
				11 Name			
l .	Ber, Mark J		-	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		———
t .	2 HILLVIEW STREET			- Guest Au	aloue (i .e. por italiani la italianopuna)		
SAF	RASOTA FL 34230-0985		1	13			.
			1	4 City	F	85 Zip C	Code
44 Dureuont	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	s the abo	ve-named co	moration submits this statement for the purpose	of changing its	registered
l office or	registered agent, or both, in the State	of Florida. Such change was au	itnorizea i	y tne corpora	ition's board of directors. I hereby accept the app	pointment as reg	gistered
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statut	es.			
SIGNATURE	Signature, typed or printed name of registered ager	d and title if applicable (NOTE:	Pagistered A	nent signature rece	tred when reinstating) DATE		\
12.		D DIRECTORS	13.	and organization confidence	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD						
NAME		☐ DELETE	1.1 TITL	፤	***************************************	Change	Addition
1	1	☐ DELETE	1.1 TITL 1.2 NAM				Addition
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STREET ADDRESS	HUBER, MARK J. 3421 BAYOU CT.		1.2 NAM 1.3 STR	E EET ADDRESS			Addition
CITY-ST-ZIP	HUBER, MARK J. 3421 BAYOU CT. LONGBOAT KEY FL 3	□ DELETE  4 1 28 □ DELETE	1.2 NAM 1.3 STR	E EET ADDRESS -ST-ZIP			
CITY-ST-ZIP	HUBER, MARK J. 3421 BAYOU CT. LONGBOAT KEY FL 3- SD	4228	1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL	E ET ADDRESS -ST-ZIP		☐ Change	Addition
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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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> Chevery Names C. URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR