FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:18

DOCUMENT # **F26168** **(7)**

1. Corporation Name
METRONIX, INC.

Principal Place of Business	Mailing Address
12421 NORTH FLORIDA AVE. STE. B-130 TAMPA FL 33612	12421 NORTH FLORIDA AVE. STE. B-130 TAMPA FL 33612

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/20/1981**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-2084389** ☐ 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

9. Name and Address of Current Registered Agent

NINAN, MATHEW
14844 OAK VINE DR.
LUTZ FL 33549

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	NINAN, MATHEW	1.2 NAME	NINAN, MATHEW	
STREET ADDRESS	14844 OAK VINE DR.	1.3 STREET ADDRESS	11506 E. QUEENSWAY DRIVE	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	TAMPA, FL-33617	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	NINAN, MARIAMMA	2.2 NAME	NINAN, MARIAMMA	
STREET ADDRESS	14844 OAK VINE DR.	2.3 STREET ADDRESS	11506 E. QUEENSWAY DRIVE	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP	TAMPA, FL-33617	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	OOMMEN, THOMAS K.	3.2 NAME		
STREET ADDRESS	KANDALLOOR HOUSE	3.3 STREET ADDRESS		
CITY-ST-ZIP	KERALA STATE, INDIA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	NINAN, K.N.	4.2 NAME		
STREET ADDRESS	KUTTISSERIL DESABHIMANI	4.3 STREET ADDRESS		
CITY-ST-ZIP	ERNAKULAM, COCH, IND	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: MATHEW NINAN 4-12-95 (813) 972-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094710 CP