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	#	F67	445	١
1. Corporation Name		,		•

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90037 027 ***150.00

METRIC,	INC.												
							-		H arwaa ida r a ddii i	RECH ELECH EN	11: 11: 11: 11: 1	LOCK OLOK AKOK I	HARR BRANCH REAL
	. ,		_										
Principal Place	e of Business	Mailing A	Address						s in fillink in a nen e	PE (1 B 1811 B 1		1811 E1811 6 1811 1	11911 01811 1001
6608 S WESTS	HORE BLVD	6608 S W	ESTSHORE BLVD										
TAMPA FL 3361	16	TAMPA FL	L 33616						DO.	NOT WE	ITE IN THIS	SPACE	
US		US ·					2	Data	Incorporated or			OI AUL	
							I		16/19 <u>82</u>	Quanto			
2 Principal P	face of Business	2a Mailir	ng Address						10/ 1302 Number			An	plied For
·	lace of Business	26	ig Address				1		2165442			- 	t Applicable
Suite, Apt.	# etc.		, Apt. #, etc.				ì					\$8.75	
22	, 2	27					5.	Certi	fcate of Status I	Desired		Fee Re	quired
City & Stat	.e :		& State				6.	Elect	ion Campaign F	inancing		\$5.00	May Be
23		28					1		t Fund Contribu			Added 1	
Zip	Country	Zip		Cou	ntry		8.	This	corporation owe	es the cur	rent year Int	angible	
24	25	29] :	30					onal Property T			Yes	□No
	9. Name and Address of Curre	nt Registered	Agent				10.	Nam	e and Address	of New	Registered	Agent	
					81	Name							1
	UND, JAN O.			ł	82	Street A	ddress (P.	О. В	ox Number is N	ot Accept	able),	71	0
	N HERCULES AVE.					66	08	<u>ر</u>	outh L	vest	SHOIC	· B/v	12
CLE	ARWATER FL 34625				83								1
					84	City	· · · · · ·	2 17				85 Zip (Code
				,		11	<u> 4798</u>	H			FL	·⊥⊥ <i>55</i>	6/6
1 office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	of Florida Sud	th change was au	monzed	DV II	named one corpo	corporation ration's bo	rsubr ard o	nits this stateme f directors. I he	ent for the eby acce	purpose of pt the appoi	changing its ntment as re	registered gistered
agent. I a	m familiar with, and accept the oblig	ations of, Section	on 607.0505, Flori	da Statu	ıtes.								ì
SIGNATURE											DATE		\
12.	Signature, typed or printed name of registered ag	ent and title if applical		13.	Agent	signature re	equired when re		TIONS/CHANGI	S TO OF		ND DIRECTO	RS IN 12
TITLE	PVS	NB BINESTON	DELETE	1.1 TIT	LE		•					Change	Addition
NAME	NYLUND, JAN O	•		1.2 NA	ME	ľ	*					•	ا م ر
STREET ADDRESS	1700 N HERCULES AVE			1.3 ST	REET A	ADDRESS	660	8	South	We	stsho	rc B	/wel
CITY-ST-ZIP	CLEARWATER FL 34625			1.4 CI	ry-st-	ZIP	TAN	10	4 F/.	33	6/6	•	
TITLE	OLL/MINITEM TE OTIGES	,	☐ DELETE	2.1 TrT	_		7					☐ Change	Addition
NAME				2.2 NA	ME								
STREET ADDRESS			•	2.3 ST	REET A	ADDRESS							
CITY-ST-ZIP		-		2.4 CI	TY-ST	-ZIP			-				
TITLE			☐ DELETE	3.1 Ⅲ	LE		•					☐ Change	Addition
NAME				3.2 NA	ME								ĺ
STREET ADDRESS				3.3 ST	REET	ADDRESS					•]
ÇTTY-ST-ZIP	į		_	3.4. Ci	TY-ST	-ZIP							
TITLE			☐ DELETE	4.1 711	īŒ							Change	Addition
NAME				4. 2 N	AME								
STREET ADDRESS	`			4.3 ST	REET/	ADDRESS							
CITY-ST-ZIP				4.4 CI	TY-ST-	ZIP							
TITLE			☐ DELETE	5.1 TII		T			.1 *			Change	Addition
NAME				5.2 NA					虚确化制	d. ••			
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP			-	5.4 Ci		ZIP						rii o	
TITLE			☐ DELETE	6.1 TII								Change	☐ Addition
NAME	(6.2 NA							-		
				■ 63 ST	DEET A	ADDRESS)							1

6.4 CITY-\$T-ZIP CITY-ST-ZIP 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 compration 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 charged, or on an attachagent with an address, with all other like empowered.

SIGNATURE:

YLUND 4.10-99- 813-831- 8623