

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

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90021 011 \*\*\*150.00

DOCUMENT # **F80389**

1. Corporation Name  
**METRIX SOUTH, INC.**



Principal Place of Business  
6501 NE 12TH AVENUE  
FT. LAUDERDALE FL 33309

Mailing Address  
150 WIRELESS BLVD  
HAUPPAUGE NY 11788  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1982

4. FEI Number

59-2204254

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

UNITE CORPORATE SVCS INC  
801 NORTHEAST 167TH ST  
300  
N MIAMI BCH FL 33162

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE M ☐ DELETE

NAME BIRNHOLZ, MICHAEL B

STREET ADDRESS 6501 NE 12TH ST

CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE CD ☐ DELETE

NAME PACE, MICHAEL

STREET ADDRESS 150 WIRELESS BLVD

CITY-ST-ZIP HAUPPAUGE NY 11788

TITLE T ☐ DELETE

NAME ROTHENBERG, HOWARD

STREET ADDRESS 150 WIRELESS BLVD

CITY-ST-ZIP HAUPPAUGE FL 11788

TITLE CFO ☐ DELETE

NAME HEINER, EDWIN

STREET ADDRESS 150 WIRELESS BLVD

CITY-ST-ZIP HAUPPAUGE NY 11788

TITLE D ☐ DELETE

NAME HENDREKE, PATRICK

STREET ADDRESS 150 WIRELESS BLVD

CITY-ST-ZIP HAUPPAUGE NY 11788

TITLE SD ☐ DELETE

NAME BURNS, RICHARD

STREET ADDRESS 220 E 42ND ST STE 3000

CITY-ST-ZIP NEW YORK NY 10017

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/17/97 516-434-1442