

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G23224** (0)

1. Corporation Name

METROPOLITAN FINANCIAL SERVICES, INC.



Principal Place of Business

**2700 N. MAC DILL AVE.
SUITE 104
TAMPA FL 33607**

Mailing Address

**2700 N. MAC DILL AVE.
SUITE 104
TAMPA FL 33607**

3. Date Incorporated or Qualified
02/09/1983

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-2257088

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

10. Name and Address of New Registered Agent

~~ABBOTT, RALPH
2700 N. MACDILL AVE.
SUITE 104
TAMPA FL 33607~~

81 Name

MAYNARD FERNANDEZ

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

2700 N MACDILL AVE

83

84 City

TAMPA

FL

85 Zip Code

33607

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

Maynard Fernandez

MAYNARD FERNANDEZ

4-22-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **SV**
STREET ADDRESS **LLANES, LIONEL**
CITY-ST-ZIP **2700 N. MACDILL AVE.
TAMPA FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LLANS, ANTHONY**
CITY-ST-ZIP **2700 N. MACDILL AVE.
TAMPA FL**

TITLE ☒ DELETE
NAME ~~PD~~
STREET ADDRESS ~~ABBOTT, RALPH~~
CITY-ST-ZIP ~~2700 N. MACDILL AVE
TAMPA, FL 33607~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(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 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:

Maynard Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

813-877-8339

CR2E034 (12/95)