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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

H19447

(2)

METSERVICES CORPORATION

11,1210		•				
Principal Place of Business Mailing Address			ss			
C/O BRUCE A MITCHELL ESO. 1825 S. RIVERVIEW DR		1825 S. RI	C/O BRUCE A. MITCHELL. ESO: 1825 S. RIVERVIEW DR MELBOURNE FL 32901			
MELBOURN	E FL 32901	WETROOM	NE FL 32901		 Date Incorporated or Qualified 09/04/1984 	3a. Date of Last Report 03/27/1995
2. Principal Pla	ce of Business	2a. Mailing Add	thess		4. FEI Number	Applied For
21		26	···		59-2449359	Not Applicable
Suite, Apt. #, etc		Suite, Apt.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	F	unt y	8. This corporation has liability for	
24	25	29	30	. 		No
	g. Name and Address of Cur	rent Hegistered Agen	ıt	81 Name	10. Name and Address of New I	registered Agent
Lerrous	FU DOUGE A					inman
	ell, bruce A. 5. riverview drive			82 Street Ad	dress P.O. Box Number is Not Acceptal	Errain ON
	OURNE FL 32901			B3	1023 00	
MCCOO	701111E 1 E 02001					7 - Code
				81 Oity n	& rellowne	FL 3290
11. Pursuant to	o the provisions of Sections 607.05	502 and 607.1508, Flor	da Statutes, the at	ove named corp	oration submits this statement for the pu	pose of changing its registered office
or registers familiar with	n, and accept the obligations of \$	ertion 607,0505, Florid	a Statutes.	COLIGRATION'S GC	oration submits mis statement for the po- pard of directors. Thereby accept the app	omment as registered agent. Lam
SIGNATURE	same / K	٧				
	. J	antana tre registration AND DIRECTORS	mOT- 8 gross ■ 13	of Agric Caugh districtions		FICERS AND DIRECTORS IN 12
TITLE	OPS OFFICERS	u		TITL	DPS	Change Addition
NAME	CHITH PORERT D		.,	NAM	SMITH ROBERT D.	
STREET ADDRESS	-224 5TH AVE: 401	FOURTH AL	IENUE 13	STRE LADDRESS	HOL COURTH AUE	
City-St-ZiP	MELBOURNE BCH. FL			CITY S1-ZIF	MACBOURNS BRACH	R 32951
TITLE		[]0	ELETE 2 1	TITL		Change Addition
NAME			22	NAM		
STREET ADDRESS			23	STRECT ADDRESS		
CITY - ST - ZiP				CITY ST-ZIP		. Change Addition
THE		٥٤٦	L L	TIF(-		. Change Addition
NAME STREET ADDRESS				NAM STR EF ADDRESS		
City-S1-ZiP				CITY ST-ZIF		
THE				TITL		Change Addition
NAME			4.2	NAM.		ļ
STREET ADDRESS			4.3	STREET ADDRESS		1
CITY - ST - ZIF				CITY ST-ZIF		
TITLE				TIFL		Change Addition
NAME				NAM		İ
STREET ADDRESS			•	STREET ADDRESS		
CITY - ST - ZIP TITLE				TITLE		Change Addition
NAME		Д-		NAM.		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP			6.4	CITY ST-7'P		
14. I do hereb	y certify that the information supplied the information indicated on this	ed with this filing is vol.	intarily furnished an	diddes not qualif	y for the exemption stated in Section 119 trate and that my signature shall have the	9 07(3)(k), Florida Statutes. I furtner
oath; that i	I am an officer or director of the co	orporation or the receive	er or trustee empow		this report as required by Chapter 607, f	
appears in	i Block 12 or Block 13 if changed,	or on art altachment w	ior an accress.			•
SIGNAT	URE:	K Robi	ent D IM	10%	22 APR 96	407-725-6241
,	SIGNATURE AND TYPE	D OR PRINTED NAME OF SIC	NING OFFICER OR DIRE	CTOR	ស្រីក	Daytin & Phone #

CR2E034 (12/95)