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May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # J22067

1. Corporation Name
METRO PARTNERS, INC

Principal Place of Business	Mailing Address
6200/6220 ARC WAY FT. MYERS, FL. 33916	C/O MANFRED HOLLAND 1 OAK CREEK RD. ROLLING MEADOWS IL. 60008

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	7-1-86
21	26	4. FEI Number 36-3478435	Applied For / Not Applicable
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☒	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SANDRA McQUINN
1620 MEDICAL LANE
SUITE 123
FT. MYERS, FL. 33907

10. Name and Address of New Registered Agent

81 Name: ED BONKOWSKI
82 Street Address (P.O. Box Number is Not Acceptable): 17105 SAN CARLOS BLVD.
83 UNIT # B7
84 City: FT. MYERS BEACH FL 85 Zip Code: 33931

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: Ed Bonkowski ED Bonkowski 5/6/98
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	P/D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MANFRED HOLLAND	1.2 NAME	
STREET ADDRESS	1 OAK CREEK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS, IL. 60008	1.4 CITY-ST-ZIP	
TITLE	S/D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOCHEN H. TOBECK	2.2 NAME	
STREET ADDRESS	26 FAIRMOUNT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURRY, CT. 06811	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	500002533975
STREET ADDRESS		4.3 STREET ADDRESS	-05/22/98--01104--019
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***155.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	5/21
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: M. Holland, MANFRED HOLLAND, PRES 4-30-98 630 582-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #