

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90007 027 \*\*\*150.00

DOCUMENT # **J40597**

1. Corporation Name  
**METROVISION, INC.**

Principal Place of Business  
**1105 KENSINGTON PARK DR  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address  
**1105 KENSINGTON PARK DR  
ALTAMONTE SPRINGS FL 32714  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/03/1986**

4. FEI Number

**59-2746403**

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LOWNDES, JOHN F.  
215 NORTH EOLA DR.  
ORLANDO FL 32801**

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 **DC** ☐ DELETE  
NAME **MANDELL, LESTER N.**  
STREET ADDRESS **1105 KENSINGTON PARK DR**  
CITY-ST-ZIP **ALTAMONTE SPGS FL**

1.1 TITLE **Chairman Emeritus** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **LOWNDES, JOHN F.**  
STREET ADDRESS **215 N EOLA DR**  
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **MANDELL, ROBERT A.**  
STREET ADDRESS **1105 KENSINGTON PK DR**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

3.1 TITLE **Chairman** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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:

**Signature Required**

CR2E034 (5/99)

J40597  
607494-90007-27

Metrovision  
1105 Kensington Park Drive  
Altamonte Springs, FL 32714

August 1, 1999

Florida Department of State  
Annual Reports Filings  
Post Office Box 1500  
Tallahassee, Florida 32302

RE: 59-2746403

Per our telephone conversation, enclosed is the \$150 report filing fee for the Metrovision. As stated in our conversation, please waive the penalty, late fee since this is the first notice we received. Thank you for your cooperation.

Sincerely,

Tammy Alverson