

FILE NOW: FILING FEE AFTER MAY,1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # J55160

1. Corporation Name

METRO ENGINEERING CONTRACTORS, INC.

| | |
|---|---|
| Principal Place of Business P.O. BOX 107 POMPANO BEACH FL 33061 | Mailing Address P.O. BOX 107 POMPANO BEACH FL 33061 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/02/97 | 3a. Date of Last Report 05/01/96 |
| 4. FEI Number 59-2771655 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|--|---|-----------------------------|-----------------------------|
| 2. Principal Place of Business 21 P.O. BOX 107 Suite, Apt. #, etc. 22 N/A City & State 23 POMPANO BEACH FL Zip 24 33061 | 2a. Mailing Address 26 P.O. BOX 107 Suite, Apt. #, etc. 27 N/A City & State 28 POMPANO BEACH FL Zip 29 33061 | Country 25 U.S.A. | Country 30 U.S.A. |
|--|---|-----------------------------|-----------------------------|

9. Name and Address of Current Registered Agent

**JACQUELINE GRANT
7221 N.W. 45th Court
Lauderhill, FL 33319**

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 |

I, 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 **JACQUELINE GRANT/President**

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

(NOT a registered Agent's signature required when re-registering)

4/23/97

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | P/S | <input type="checkbox"/> DELETE |
| NAME | Grant, Jacqueline | |
| STREET ADDRESS | 7221 N.W. 45th Court | |
| CITY-ST-ZIP | Lauderhill, FL 33319 | |
| TITLE | V/T | <input type="checkbox"/> DELETE |
| NAME | Grant, Llewellyn | |
| STREET ADDRESS | 7221 N.W. 45th Court | |
| CITY-ST-ZIP | Lauderhill, FL 33319 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE | |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: **JACQUELINE GRANT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

DATE

DAYTIME PHONE #

CR2E034 (9/96)