PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # K53966**

1. Corporation Name

METRO PROPERTIES OF ORLANDO, INC.

## FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90093 022 \*\*\*150.00

			14,- No. 1								
Principal Place	e of Business	Maili	ng Address								
320 W. SABAL			V. SABAL PALM PL								
LONGWOOD FL	. 32779	LONG	WOOD FL 32779					O NOT WRI	TE IN THIS	SPACE	
· 							3. Date Incorporated		12 11 1110	OIAGE	
İ							12/21/1988	or agained			
2. Principal Pl	lace of Business	2a. M	lailing Address				4. FEI Number			A	pplied For
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				- 0 " 1 5 51-1	Desired		\$8.75	Additional
22		27					5. Certificate of State	us Desireu	ابيا	Fee R	equired
City & State			ity & State				6. Election Campaig	n Financino		\$5.00	May Be
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Zip	Country	Z	ip	Cou	ntrv		8. This corporation		ent year In	tangible:	
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24	9. Name and Address of Curre	29	red Agent	130			10. Name and Addre		Registered		=
	9. Name and Address of Curre	enit ivegister	rea Agent		81	Name	ry, radine dita , talah				
OI S	ON, TREVOR J				•	1101110					
1656 WILD FOX DR.			82			Street Addre	ss (P.O. Box Number is	Not Accept	able)		
						<u>27</u>	7 CAMBE	<u>41068                                    </u>	<u> </u>		
CAS	SELBERRY FL 32707				83						i
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					84	City / 60	ngwood		FL	_  °°  <del>1</del> 2	Code 79
44 Durawant t	to the provisions of Sections 607.05	502 and 607	1508 Florida Statut	es the al	DOVE-	nomed corne	ration cubmite this state	ement for the	nurnose of	changing it	s registered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida.	Such change was a	uthorized	by th	he corporation	n's board of directors. I	hereby acce	pt the appoi	intment as r	egistered
agent. I ar	m familiar with, and accept the oblig	gations of, S	ection 607.0505, Flo	rida Statı	ites.				2/0	100	
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SIGNATURE	, ,										
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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 of frustee 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 all eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/99

Daytime Phone

3R2F034 (11/98)