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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996		DIVISION OF						
DOCU 1. Corporation	JMENT #	K68281	(0)						
•	CE METRO, INC.	•							
						f (PA) Bill Bill Billiann (Can lead	3) HBI BIBI BIB	H BIBU BIBU	Didni diani ibai
Dringing Place	ce of Business								
·			Mailing Address						41411 A1411 14E1
	A. SCHNEIDER IARBOUR DRIVE		C/O DAVID A. SCHINE: 1029 BAL HARBOUR D						
	ACH FL 33572-2328		APOLLO BEACH FL 33						
						 Date Incorporated or Qualified 02/24/1989 		of Last F	
2. Principal P	Place of Business		2a. Mailing Address			4. FEI Number	1 04	1/28/19	
1			26			36-3642618			Applied For Not Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.7	5 Additional
2 City & Stat	to		27						Required
3]	ie		City & State			6. Election Campaign Financing Trust Fund Contribution			О Мау Ве
Zip	Cou	intry	Zip	Co	untry	This corporation has liability for			d to Fees
4	25		29	30	,		rintangibie ta s ∏No	ux under s	199.032
	9. Name and Add	dress of Current	Registered Agent			10. Name and Address of New	Registered	Agent	
A 41 14 1mm					81 Name	-			
SCHNEI	IDER, DAVID A.	-			82 Street Add	iress (P.O. Box Number is Not Accepta	ble)		
1029 BAL HARBOUR DRIVE APOLLO BEACH FL 33570					83				
AFOLLO	7 DEACH FE 33370				[43]				
					84 City		F-1	85 Zi	p Code
1. Pursuant	to the provisions of Se	ections 607.0502 a	nd 607,1508, Florida Statutr	es, the abo	l I	ration submits this statement for the pu	FL	noine ite	ropintored office
or register familiar wi	red agent, or both, in t ith, and accept the obl	the State of Florida.	Such change was authorize 607,0505. Florida Statutes	ed by the	corporation's boa	ration submits this statement for the purific of directors. I hereby accept the app	pointment as	registered	egistered office i a gent. I am
SIGNATURE	,	against or, poorior	Cornocos, Florida dialdres	•					
	Signature, typed or printed na				Agent signature require	d when reinslating)	DATE		
Z.	PD	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
IAME	SCHNEIDER, DA	A UIN	☐ OCICIE	1. 1 T			Ĺ] Change	Addition
TREET ADDRESS	1029 BAL HARB				REET ADDRESS				
ITY - ST- ZIP	APOLLO BEACH			133					
IFLE	STD			14.0	1Y-SI-ZIP I				
			☐ DELETE	1.4 Cl 2 1 T	TY-ST-ZIP TLE			7 Change	Addition
ł/AME	SCHNEIDER, AI		☐ DELETE		TLE			Change	Addition
TREET ADDRESS	SCHNEIDER, AII 1029 BAL HARB	OUR DRIVE	☐ DELETE	2 1 T 2 2 N/	TLE] Change	Addition
TREET ADDRESS	SCHNEIDER, AI	OUR DRIVE	<u> </u>	2 1 T 2 2 N/ 2 3 ST 2.4 CI	TLE MME REET ADDRESS TY+ST-ZIP] Change	Addition
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TREET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP	SCHNEIDER, AII 1029 BAL HARB	OUR DRIVE	☐ DETELE	2 1 T 22 N/ 23 ST 2.4 CI 3.1 TI 32 N/ 33 S 3.4 CI	TILE MME REET ADDRESS TY-ST-ZIP TILE MME FREET ADDRESS TY-ST-ZIP		C] Change	Addition
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TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-S1-ZIP TLE MME	SCHNEIDER, AII 1029 BAL HARB	OUR DRIVE	☐ DETELE	2 1T 22 N/ 23 ST 24 CI 3.1 TI 32 NA 33 S 3.4 CI 4.1 TI 4.2 NA	TILE MME REET ADDRESS IY-ST-ZIP TLE MME IREET ADDRESS IY-ST-ZIP TLE ME ME		C] Change	Addition
REET ADDRESS 1Y-S1-ZIP TLE MME REET ADDRESS -Y-S1-ZIP LLE MME REET ADDRESS	SCHNEIDER, AII 1029 BAL HARB	OUR DRIVE	☐ DETELE	2 1 T 22 N/ 23 S1 2.4 Cl 3.1 Tl 32 N/ 33 S 3.4 Cl 4.1 Tl 4.2 N/ 4.3 S1	TILE MME REET ADDRESS IY-ST-ZIP ILE IME IREET ADDRESS IY-ST-ZIP ILE IT-ST-ZIP ILE		C] Change	Addition
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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 appears in Block 12 or Block 13 if changes or or an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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