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

**PROFIT** CORPORATION ANNUAL REPORT **1999** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K77491**

1. Corporation Name

METRO GEMS CO.

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ncipal Place o	of Business	Mailing Address								
D. BOX 6099						THE CHACE				
LLYWOOD FL 33081		HULLIWOOD FL SSORI			DO NOT WRITE IN THIS SPACE					
						Date Incorporated or Qualifed 04/04/1989				
_		2a. Mailing Address				FEI Number		Applie		
Principal Place of Business		<b>├</b> ¬				65-0135268			pplicable	
Suite, Apt. #	etc.	Suite, Apt. #, etc.		_ <del></del>	5.	Certifcate of Status Desired		\$8.75 Add Fee Requ		
ounto, r qui	,	27			<del></del>	T Campaign Eingneing		\$5.00 M	av Be	
City & State		City & State			6.	Election Campaign Financing Trust Fund Contribution		Added to f	-	
•••		28			+-	This corporation owes the curre	nt vear Intar	aible		
Zip	Country	Zip	Cou	ntry	8.	Personal Property Tax.	]	JYes □	No	
	25	29	30	· · · · · · · · · · · · · · · · · · ·		Name and Address of New Ro	egistered A	gent		
	9. Name and Address of Curre	int Registered Agent		24 11	10.	Name and Address of the				
	The state of the state of	7		81 Name						
RABE	N, RICHARD	•		82 Street Add	ress (l	P.O. Box Number is Not Accepta	ble)			
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11000				84 City			ां ने सोचें र	85 Zip Co	de	
	to the provisions of Sections 607.05					. <u></u>	<u>FL</u>	1		
IGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOT	E: Registere	d Agent signature requi	red when	ADDITIONS/CHANGES TO OF	DATE FICERS AN	DIRECTOR	S IN 12	
	OFFICERS A	AND DIRECTORS	13.					Change	☐ Additio	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

Feb 03, 1999 8:00am

**Secretary of State** 

02-03-1999 90001 035 \*\*\*150.00