

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L21756** (6)

1. Corporation Name
METROPLEX HOLDINGS, INC.



Principal Place of Business
**1520 ROYAL PALM SQUARE BLVD. #260
FORT MYERS FL 33919**

Mailing Address
**1520 ROYAL PALM SQUARE BLVD. #260
FORT MYERS FL 33919**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified **10/05/1989** 3a. Date of Last Report **02/14/1995**

4. FEI Number **65-0148711** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARGANO, ANTHONY J.
1520 ROYAL PALM SQUARE BLVD., #260
FT. MYERS FL 33919**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 then applicable) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARGANO, ANTHONY J	1.2 NAME	
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD., #260	1.3 STREET ADDRESS	
CITY- ST- ZIP	FT. MYERS FL 33919	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKEY, TED A	2.2 NAME	
STREET ADDRESS	1430 ROYAL PALM SQUARE BLVD., #104	2.3 STREET ADDRESS	
CITY- ST- ZIP	FT. MYERS FL 33919	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, DAVID C	3.2 NAME	
STREET ADDRESS	1430 ROYAL PALM SQ BLVD., #104	3.3 STREET ADDRESS	
CITY- ST- ZIP	FT. MYERS FL 33919	3.4 CITY- ST- ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEASURE, JEFFREY W	4.2 NAME	
STREET ADDRESS	1520 ROYAL PALM SQUARE BLVD., SUITE 260	4.3 STREET ADDRESS	
CITY- ST- ZIP	FORT MYERS FL 33919	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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:

Anthony J. Gargano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *9-11-2015* Telephone: *7515*

CR2E034 (12/95)