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



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CORPOF ANNUAL I	PROFIT CORPORATION ANNUAL REPORT 1998		Sandra I Secreta	RIMENT OF STATE B. Mortham ary of State CORPORATIONS	Jan 15 1998 8:00an Secretary of State	
DOCUME 1. Corporation Nam THE METRO	NT # L6243 GROUP, INC.	34	(0)			
Principal Place of Business Mailing Address 648 DARTMOUTH ST ORLANDO FL 32804 US Mailing Address 648 DARTMOUTH ST ORLANDO FL 32804 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1990	
2. Principal Place of 21 Suite, Apt. #, etc. 22	Business	F n	Address		4. FLI Number Applied For Not Applied For Not Applied For S9-3005894 S. Certificate of Status Desired See Required	
City & State 23 Zip 24	Country 25	27 City & S 28 Zip 29	State	Country 30	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	
648 DARI STE. 111 ORLANDO	D FL 32804	igations of, Section	Florida Statut change was a 607.0505, Flo	es, the above names authorized by the corrida Statutes	OCUEST PACHULS DC. Address (P.O. Box Number is Not Acceptable) 640 Darkmouth Sheet OCLANDO F1 32804 FL 85 Zip Code is corporation submits this statement for the purpose of changing its registered poration's board of directors. Thereby accept the appointment as registered	
Signature 12.	OFFICERS A	open and title Talliplicable IND DIRECTORS	· (NOT	Er Regista ed Agent signatur 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS 648	S VARUS, RANDALL C. DARTMOUTH STREET LANDO FL	l	_] DETETE	11 TITLE 12 NAME 13 STREET ADDRESS 1.4 COLY-ST-ZIP	Change Addition	
NAME ROPESS 648			DETLIE	21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY: \$1-70°	Change Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP			DELETE	3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4. CHY ST-ZIP	☐ Change ☐ Add-tion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DETETE	4.3 THUF 4.2 NAME 4.3 STREET ADDRESS 4.4 City- St- zip	Change Addition	
TITLE NAME STREET ADDRESS		Ţ	DELCTE	5.4 TOLE 5.2 NAME 5.3 STREET ADDRESS	Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		· · · · · [DELFIE	5 4 GTY - ST - ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS	Change Addition	

64 CHY-S1-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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 17 or not justed ment with an address. est-(0(c