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

PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

/O\

1. Corporation Name 1. Corporation Name MIAMI METER COMPANY, INC. Principal Place of Business C/O JAMES MAYER C/O JAMES MAYER C/O JAMES MAYER									
9799 N.W. 96 ST. MIAMI FL 93142				3799 N.W. 36 ST. Miami Fl 33142-4966				<u></u>	
							3. Date Incorporated or Qualified 10/07/1987	3a. Date of Le 08/09/19	
2. Principal Place of Business 21			2a. Mailing A	2a. Mailing Address 26			4. FEI Number Applied For 65-0019309 Not Applicable		Applied For Not Applicable
Sulte, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & State			⊢ '	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	25	Country	Zip		Country 30	•	8. This corporation has liability for i		
87		Address of Curr	ent Registered Age		30		10. Name and Address of New Red		
MAN	YER, JAMES		3,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0		81	Name	D. Hame and Address of the re-	Jistorou Agorit	
					"	TACTIO			
3799 N.W. 38 ST.					82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
MIAMI FL 33142									
					83				
					84	City		-, 85	Zip Code
10.5									,
11. Pursuant office or r	to the provisions of the transfer of the trans	ot Sections 607.05 or both, in the Sta	502 and 607.1508, F te of Florida. Such d	florida Statute change was a	s, the above uthorized by	c-named corpora	poration submits this statement for the pition's board of directors. I hereby accep	urpose of chang	ing its registered
agent. I a	ım familiar with, ar	nd accept the obl	gations of, Section	607.0505, Flo	rida Statutes		more board of disposoro, Thoroby dopop	сте арропине	it as registered
SIGNATURE									
12.	Signature, typod or prin		gent and titic if applicable ND DIRECTORS	(NCi1)	Registered Age	nt signature requi	ired when reinstating)	DATE DIDEC	******
TITLE	PD	OFFICENSA	ND DIRECTORS	DELETE	1.1 TOLE		ADDITIONS/CHANGES TO OFFICE	Cha	· · · · <u> </u>
NAME	MAYER, JAMI	<u> </u>	L.	J DECEME			•	L1 Glia	inge Addition
	3799 N.W. 36				1.2 NAME				ļ
STREET ADDRESS	MIAMI FL	· O1.			1.3 STHEET				
CITY-ST-ZIP	MIN-MILE		_	DELETE	1.4 CITY-S	T-ZIP		17 80	
TITLE			L.	T DETE IF	2.1 TITEE.			L Cha	ange 🔲 Addition
NAME					2.2 NAME				
STREET ADDRESS					2.3 STREET				
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			L.	יין טננג ונ	3.1 TITLE			′ [] Cha	ange 🔲 Addition
NAME STREET ADDRESS					3.2 NAME				
					3.3 STREET				
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TITLE			L	ין טנננונ	4.1 TITLE			Cha	inge 🔲 Addition
NAME STOCET ADDRESS					4. 2 NAME	I DDDCCC			
STREET ADDRESS					4.3 STREE1				ŀ
CITY-ST-ZIP TITLE		• • • • • • • • • • • • • • • • • • • •		DELETE	4.4 CITY - ST	I · ZIP			non Addition
			L_	T DETECT	5.1 TITLE			∐ Cha	inge 🔲 Addition
NAME CTREET ADDRESS					5.2 NAME	IDDOCE			
STREET ADDRESS					5.3 STREET	·			ļ
CITY-ST-ZIP				Toticie	5.4 CITY - ST	1 - ZiP		T a:	
TITLE			L	DELETE	6.1 TITLE			☐ Cha	inge L Addition
NAME					6.2 NAME				

14. I do hereby certify that the information upplied 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 popular point 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 concration of the deceiver or this compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 I/changed or on an attachy that in an address.

6.3 STREET ADDRESS

6.4 C/TY - ST - Z/P

STREET ADDRESS

CITY-ST-ZIP

Mag 5 1007

FILED

Apr 30 1997 8:00am

Secretary of State