FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P17948** **(1)**

1. Corporation Name
METS INC

Principal Place of Business	Mailing Address
10585 N. MERIDIAN STREET SUITE 255 INDIANAPOLIS IN 46290	10585 N. MERIDIAN STREET SUITE 255 INDIANAPOLIS IN 46290

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1988
3a. Date of Last Report: 08/26/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2412787 ☐ 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

GENDLER, ROBERT L.
1225 N.W. BROKEN SOUND BLVD.
SUITE E
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Robert L. Gendler — 5-1-95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	1 1 TITLE		☐ Change ☐ Addition
NAME	GRAY, DONALD R.	1 2 NAME		
STREET ADDRESS	10585 N. MERIDIAN STREET, STE. 255	1 3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	1 4 CITY-ST-ZIP		
TITLE	VDT	2 1 TITLE		☐ Change ☐ Addition
NAME	GREEN, LAWRENCE R.	2 2 NAME		
STREET ADDRESS	10585 N. MERIDIAN STREET, STE. 255	2 3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	2 4 CITY-ST-ZIP		
TITLE	VD	3 1 TITLE		☐ Change ☐ Addition
NAME	GENDLER, ROBERT L.	3 2 NAME		
STREET ADDRESS	1225 NW BROKEN SOUND PKWY., STE. E	3 3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	3 4 CITY-ST-ZIP		
TITLE	VD	4 1 TITLE		☐ Change ☐ Addition
NAME	MILLER, JOHN E	4 2 NAME		
STREET ADDRESS	10585 N. MERIDIAN STREET, STE. 255	4 3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	4 4 CITY-ST-ZIP		
TITLE	D	5 1 TITLE		☐ Change ☐ Addition
NAME	COOTS, E. DAVIS	5 2 NAME		
STREET ADDRESS	10585 N. MERIDIAN STREET, STE. 255	5 3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	5 4 CITY-ST-ZIP		
TITLE	D	6 1 TITLE		☐ Change ☐ Addition
NAME	GREISING, ROBERT A.	6 2 NAME		
STREET ADDRESS	10585 N. MERIDIAN STREET, STE. 255	6 3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	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)(k), 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: E. M. Coots — 5-8-95 — (317) 571-2206
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGED OFFICER OR DIRECTOR — Date — Daytime Phone #

C470022 FP