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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000039936 (8)

1. Corporation Name
METTLER POLO, INC.



Principal Place of Business

Mailing Address

35 S. BLVD. OF THE PRESIDENTS
SARASOTA FL 34236

35 S. BLVD. OF THE PRESIDENTS
SARASOTA FL 34236-1401

3. Date Incorporated or Qualified

06/04/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

METTLER, LOUIS P
35 SOUTH BOULEVARD OF THE PRESIDENTS
SARASOTA FL 34236

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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 ☐ DELETE

PD
METTLER, LOUIS P
604 NORSOTA WAY
SARASOTA FL 34242

11 TITLE ☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE ☐ DELETE

VTSD
METTLER, KATHLEEN F
604 NORSOTA WAY
SARASOTA FL 34242

21 TITLE ☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY - ST - ZIP

24 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

31 TITLE ☐ Change ☐ Addition

STREET ADDRESS

32 NAME

CITY - ST - ZIP

33 STREET ADDRESS

TITLE ☐ DELETE

NAME

34 CITY - ST - ZIP

STREET ADDRESS

41 TITLE ☐ Change ☐ Addition

CITY - ST - ZIP

42 NAME

TITLE ☐ DELETE

NAME

43 STREET ADDRESS

STREET ADDRESS

44 CITY - ST - ZIP

CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

61 TITLE ☐ Change ☐ Addition

STREET ADDRESS

62 NAME

CITY - ST - ZIP

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)