

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000007946

1. Corporation Name
METFREN, INC.

Principal Place of Business

~~50061~~ OVERSEAS HWY
MARATHON FL 33050
US

Mailing Address

2600 ~~50061~~ OVERSEAS HWY
MARATHON FL 33050
US

2. Principal Place of Business

21 2600 OVERSEAS Hwy
Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 2600 OVERSEAS Hwy
Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

METCALF, LYNN I
2600 ~~50061~~ OVERSEAS HWY
MARATHON FL 33050

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1994

4. FEI Number

65-0469859

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 owes the current year Intangible
Personal Property Tax.

Yes No

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 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

TITLE P
NAME METCALFE, LYNN I
STREET ADDRESS ~~50061 OVERSEAS HWY~~
CITY-ST-ZIP MARATHON FL

TITLE V
NAME FRENCH, DEAN
STREET ADDRESS ~~1323 MT. HERMAN RD., SUITE 78~~
CITY-ST-ZIP ~~SALISBURY MD 21803~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES
1.2 NAME METCALFE, LYNN
1.3 STREET ADDRESS 2600 OVERSEAS HWY
1.4 CITY-ST-ZIP MARATHON, FL 33050

2.1 TITLE VP
2.2 NAME DEAN FRENCH
2.3 STREET ADDRESS 700 EAST MAIN SUITE 106
2.4 CITY-ST-ZIP SALISBURY MD 21801

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REYNNIE METCALFE

4-1-99

(305) 743-6316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

Date

Daytime Phone #

CR2E034 (11/98)