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Apr 29 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 # P94000024632 (9)

1. Corporation Name  
CITY METERING, INC.

Principal Place of Business  
201 ALHAMBRA CIR  
SUITE 1200  
CORAL GABLES FL 33134

Mailing Address  
201 ALHAMBRA CIR  
SUITE 1200  
CORAL GABLES FL 33134-5198



3. Date Incorporated or Qualified 03/30/1994  
3a. Date of Last Report 04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 1570 Madruga Avenue

23 City & State

27 Suite 200

24 Zip

Country

29 Zip

Country

30 33134

USA

4. FEI Number

65-0498985

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

10. Name and Address of New Registered Agent

LICKSTEIN, FRED K  
201 ALHAMBRA CIR  
SUITE 1200  
CORAL GABLES FL 33134

81 Name  
Howard Millhauser

82 Street Address (P.O. Box Number is Not Acceptable)  
1570 Madruga Avenue

83 Suite 200

84 City  
Coral Gables

FL

85 Zip Code  
33134

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	P	DELETE
NAME	MILLHAUSER, HOWARD	
STREET ADDRESS	1570 MADRUGA AVE STE 200	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	DELETE
NAME	MILLHAUSER, HOWARD	
STREET ADDRESS	1570 MADRUGA AVE STE 200	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D/C	Change	Addition
1.2 NAME	Bachsleitner, Peter		
1.3 STREET ADDRESS	1570 Madruga Ave Ste 200		
1.4 CITY-ST-ZIP	Coral Gables FL		
2.1 TITLE		Change	Addition
2.2 NAME	Klein, Michael		
2.3 STREET ADDRESS	1570 Madruga Ave Ste 200		
2.4 CITY-ST-ZIP	Coral Gables FL		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 obtained from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 305-504-1950

Date

Daytime Phone #

CR2E034 (9/96)