

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

FILED

May 27 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 # P94000043691 (2)

1. Corporation Name

METRO WEST ENTERPRISES, INC.

Principal Place of Business
6201 54TH AVE N
ST PETERSBURG FL 33709
US

Mailing Address
6880 GULFPORT BLVD
SUITE 900
ST PETERSBURG FL 33707-2108
US



3. Date Incorporated or Qualified
06/10/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3310693

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

GULF TAX INC C/O BRIAN LIGHT
6880 GULFPORT BLVD SUITE 900
SUITE 400 NORTH POWER
ST PETERSBURG FL 33707

Resigned
6/30/97

10. Name and Address of New Registered Agent

81 Name

GEORGE BALLIS

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

13044 LOTS AVENUE

SEMINOLE, FL 33776

83 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 the name of the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

5-12-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	BALLIS, GEORGE	6880 GULF PORT BLVD SUITE 900	ST PETERSBURG FL	<input type="checkbox"/>
DV	BALLIS, LAULA	6880 GULFPORT BLVD SUITE 900	ST PETERSBURG FL	<input type="checkbox"/>
DV	BALLIS, DEAN GUS	6880 GULFPORT BLVD SUITE 900	ST PETERSBURG FL	<input type="checkbox"/>
DT	BALLIS, ANGELOS	6880 GULFPORT BLVD SUITE 900	ST PETERSBURG FL	<input type="checkbox"/>
S	LIGHT, BRIAN J.	6880 GULFPORT BLVD SUITE 900	ST PETERSBURG FL	<input checked="" type="checkbox"/>

Resigned
6/30/97

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY - ST - ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 #

CR2E034 (9/96)