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 # **P95000012283**1. Corporation Name

METFAB, INCORPORATED

Principal Place of Business
533 BRANNEN ROAD WEST
LAKELAND EL 22012

Mailing Address

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90028 029 ***150.00



LAKELAND FL 33813 LAKELAND FL 33813								en.,	•	
DAKELAND FE S	33013	EARCEAND TE 33013	ARELAND FL 33813		DO NOT WRITE IN THIS SPACE					
						Date Incorporated or Qualifed				
						02/13/1995				
										
Principal Pl	Place of Business 2a. Mailing Address					4. FEI Number		<u> </u>	oplied For	
21	26					59-3295798		No.	ot Applicable	
Suite, Apt. i	te, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired				Additional	
27				J. Jointed of Calaba D.			ш	Fee Re	equired	
City & State	ate City & State					6. Election Campaign Financing	_	\$5.00	May Be	
23	28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Countr	у		8. This corporation owes the curre	ent vear into	angible		
24	25	29 30				Personal Property Tax.	,	Yes	□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
5. Name and Address of Current Registered Agent					81 Name					
BRO	CK. GLEN L									
5151 S. LAKELAND DRIVE, SUITE 9 LAKELAND FL 33813				S	Street Addres	reet Address (P.O. Box Number is Not Acceptable)				
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		and the second second	6-	' '	ліу	•	FL	165 Zip	Joue	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	, the abov	/e-na	amed corpor	ration submits this statement for the	purpose of	changing its	registered	
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.										
agent. I ar	n familiar with, and accept the obligatio	ns of, Section 607.0505, Florid	a Statute	S.		,		,		
SIGNATURE							DATE			
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	nt sigi	nature required w	when reinstating), R. 1947. ADDITIONS/CHANGES TO OFF		D DIBECTO	1PS IN 12	
	PD OFFICERS AND	DIRECTORS DELETE				ADDITIONS/CITATIONS TO OTT	IOLINO AIT	Change	Addition	
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VAME MILLER, RONALD G			1.2 NAME						İ	
STREET ADDRESS 533 BRANNEN ROAD WEST				STREET ADDRESS						
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NAME		•	2.2 NAME			•				
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NAME CR	TOGA DIFFERENCIA DE LA COMPANSIÓN DE LA	φ*	6.2 NAME							
STREET ADDRESS			6.3 STREE	TADO	DRESS					

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.

6.4 CITY-ST-ZIP