

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000057779 (7)**

1. Corporation Name

METER-MADE MARKETING, INC.



Principal Place of Business

**3015 NO. OCEAN BLVD. STE 9K
FORT LAUDERDALE FL 33308**

Mailing Address

**3015 NO. OCEAN BLVD. STE 9K
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
07/24/1995

3a. Date of Last Report

4. FET Number

65-0594339

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

**RODRIGUEZ, ROBIN P
3015 NO. OCEAN BLVD. STE 9K
FORT LAUDERDALE FL 33308**

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 607.1503, 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 (see instructions)

Signature typed or printed name of new registered agent (see instructions)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

**P. S. T.
ROBIN P RODRIGUEZ
3015 N. Ocean Blvd 9K
Ft Lauderdale, FL 33308**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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SIGNATURE: **Robyn P. Rodriguez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/96 9545680588

CR2E034 (12/95)