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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000060466 (6) **DOCUMENT #**

THE META GROUP, INC.



Principat Place of Business	
12103 WOOD DUCK	PLACE
TAMPA Ft 33617	

Mailing Address

12103 WOOD DUCK PLACE **TAMPA FL 33617**

3. Date 1870 1995 or Qualified 3a. Date of Last Report 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-3328871 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 ★ Yes □ No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HOBBS, HARRY M 82 Street Address (P.O. Box Number is Not Acceptable) 3719 SWANN AVENUE TAMPA FL 33609 83 Crtv 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title Lappit cable. (NOTE: Registered Agent signature required when renetating) (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 DELETE TITLE 1. 1 TITLE ☐ Change ☐ Addition CHRISTIANO, PETER J NAME 1.2 NAME CR2E034 12103 WOOD DUCK PLACE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33617 1.4 CHY-SI-ZIF DELFTE T-TLE 2 1 THLE Change Addition CHRISTIANO, BONITA J NAM5 12103 WOOD DUCK PLACE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33617 CITY - S1 - ZIP 24 CHY-ST-7P DELETE THEF Change Addition NAM[3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4 CITY - ST - ZiP DELETE 4 1 TITLE Change Addit on NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - \$1 - 7IF DELETE TILLE 5 1 THEF ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITEE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-ZIP 6.4 CITY - ST - 7IP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental armual 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: SUNATURE AND TYPED OF

PETER J. Christians

03/30/96 813-980-267)