SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF S CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATION 1996 **DOCUMENT #** P95000072073 (6) METRO FLEET, INC. Principal Place of Business Mailing Address 1311 HERITAGE ACRES BLVD 1311 HERITAGE ACRES BLVD **ROCKLEDGE FL 32955** ROCKLEDGE FL 32955 3a. Date of Last Report 3. Date Incorporated or Qualified 09/18/1995 Applied For 4. FEI Number 2. Principal Place of Business Mailing Address Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt # etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s 199 032 Zip Country Zio Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MITROPOULOS, HRYSOULA 1311 HERITAGE ACRES BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **ROCKLEDGE FL 32955** 83 Zip Code 84 City 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Daft SIGNATURE Signature: Typed or printed name of registered agent and title 1 applicable (NOTE: Registered Agent signature required when moistating) (98) (98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME NAME MITROPOULOS, HRYSOULA 1311 HERITAGE ACRES BLVD 1.3 STREET ADDRESS STREET ADDRESS ROCKLEDGE FL 32955 14 CITY - ST - ZIP CITY-ST-ZIP Change Add-tion DELETE 21 TITLE TITLE 2.2 NAME NAME MITROPOULOS, PETER 1311 HERITAGE ACRES BLVD 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP ROCKLEDGE FL 32955 CITY - ST-ZIP Change Addition DELETE 31TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TOTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Lob 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 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 efficient or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 13 of changed, or on an attachment with an address. INTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR SIGNATURE: