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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morffish

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072073 (6)

METRO FLEET, INC.

FILED Jun 09 1997 8:00am Secretary of State

Principal Place of Business Mailing Address							- I TORNOON NO ARRON ONNI OONI BARKA RAY	10 (88H	HANN BANN HAN		
1911 HERITAGI ROCKLEDGE F		ÆRITAGE ACRES BLVD LEDGE FL 32955-4459									
							3. Date Incorporated or Qualified 09/18/1995	1	ate of Last F 01/1996	,	
	lace of Business	Mailing Address	iling Address			4. FEI Number		A	pplied For		
25 26 Suite, Apt, #, etc. Suite, Apt, #, etc.							APPLIED FOR 59.3	33/5		lot Applicable	
22		27	27				5. Certificate of Status Desired			Additional Required	
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution	П		May Be to Fees	
Zip	Country	····	Zip Country				8. This corporation has liability for	intangible			
24	25 29 30			30	Florida Statutes 💆 Yes 🔲 No						
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
MITROPOULOS, HRYSOULA						Name	÷				
1311 HERITAGE ACRES BLVD ROCKLEDGE FL 32955					32	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)			
4 · · ·	TALLE OF TE OFFICE			Ē	3						
·				ε	34	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code	
11. Pursuant office or reagent. I as	to the provisions of Section egistered agent, or both, in familiar with, and accept	ins 607.0502 and 60 in the State of Florida of the obligations of	7.1508, Florida Statul a Such change was Section 607.0505, Fl	tes, the abo authorized orida Statut	ove-r by th	named corpo he corporation	oration submits this statement for the poor's board of directors. I hereby accept	ourpose of ot the app	changing l pintment as	its registered s registered	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Regis						signature require	d when reinstating)	DATE			
12.		FICERS AND DIREC		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND			
TITLE	D LATTOODOULOS LIDA	/0/01 N A	☐ DELETE	111111					Change	Addition	
NAME	MITROPOULOS, HRY			1.2 NAM							
STREET ADDRESS CITY-ST-ZIP	1311 HERITAGE ACRES BLVD ROCKLEDGE FL 32955			1.3 STRE 1.4 City							
TITLE	D DELETE			2.1 1(1)		<u> </u>			Change	Addition	
NAME	MITROPOULOS, PET	ER		2.2 NAM	E	Ì			_ ,	_	
STREET ADDRESS	1311 HERITAGE AC			2.3 STR	ET AD	ODRESS					
CITY-ST-ZIP	ROCKLEDGE FL 329	55		2 4 CITY	/-ST-	ZIP					
TITLE		11-3-1-3	DELETE	3 1 1 1(ł.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	☐ Addition	
NAME				3.2 NAM	ΙE	-				1	
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CITY-ST-ZIP			Decese	3.4. C(T)		ZIP				4 4 4 4 1 2 2	
TITLE			☐ DELETE	4.1 11111					Change	∐ Addition	
NAME STREET ADDRESS			•	4. 2 NAN		NODE OF					
				4.3 STRE 4.4 CITY							
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE		2!!			Change	Addition	
NAME				52 NAM					- 4-	_ }	
STREET ADDRESS	} \$		•	5.3 STRE		DDRESS					
CITY-ST-ZIP				5.4 CITY							
TITLE			DELETE	6.1 TITLE					Change	Addition	
NAME				6.2 NAM	E						
STREET ADORESS				6.3 S1R6	ET AD	DRESS				1	
CITY-ST-ZIP				6.4 CITY	- <u>S</u> 1 - 7	ZIP				i l	
14. I do bereb	ov certify that the informat	ion supplied with this	titing does not quali	fy for the a	xemi	ntion stated	in Section 119 07(3)(i) Florida Statute	s Lifurther	cerlify that	1 the	

4. 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 exportation 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 in changed, or on an attachment with an address.

IGNATURE: W. S. S. N. W. W. DECK W. OFR PR. LOS (4/30/ 9