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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P96000004635 (4)

METER MAID, INC.

Principal Place of Business 7347 N.W. 49TH COURT

Mailing Address

7347 N.W. 49TH COURT

FILED Apr 22 1998 8:00am Secretary of State



LAUDERHILL FL 33319 LAUDERHILL FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 13-5261887 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CHERCH, XAVIER T 7347 N.W. 49TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33319 83 84 City 85 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. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT). Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TATLE 1.1 Tille Addition CHERCH, XAVIER T NAME 1.2 NAME 7347 N.W. 49TH COURT STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILL FL 33319 C(IY-SI-7)P 1.4 CITY - ST- ZIP DELETE T‡TLE 21]IILE Change Addition CHERCH, LINDA J NAMÉ 22 NAME 7347 N.W. 49TH COURT STREET ADDRESS 2 3 STREET ADDRESS LAUDERHILL FL 33319 CITY-SI-ZIP 2 4 CHTY-ST-ZIP DELETE TITLE 3 1 11LE ___ Addition GOODMAN, KENNETH NAME 3.2 NAME 979 SHARON LANE STREET ADDRESS 3.3 STREET ADDRESS **FELTON CA 95018** CITY - ST- ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 311LE ☐ Change Addition GOODMAN, LEA M NAME 4. 2 NAME 979 SHARON LANE STREET ADDRESS 4.3 STREET ADDRESS **FELTON CA 95018** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TOTALE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CCTY+SI-ZIP 6 4 CITY-S1-ZIP

14. Thereby certify that the information supplied with this filling 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 coefficient 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 changes, or on an attachment with an address.

SIGNATURÉ: