03-02-1999 90091 025 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000035793

METROP	olis advertising & Des	ign, inc.							
Principal Place	of Business	Mailing Address				1   Dali(23) (10 10) a prist a give sair	1 88411 88188 1		B100 (11) 1001
228 HILLCREST STREET 228 HILLCREST STREET ORLANDO FL 32801 ORLANDO FL 32801									
						DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualifed 04/22/1996			
2. Principal Pl	ace of Business	2a. Mailing Address		_		4. FEI Number		App	lied For
21 26						59-3376131		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 Ad	
27						3. Certificate of Status Desired		Fee Req	uired
City & State City & State						6. Election Campaign Financing	п	\$5.00 N	
23	28					Trust Fund Contribution		Added to	Fees
Zip				try		8. This corporation owes the curre	nt year Inta		
24	25	29 30	)			Personal Property Tax.			□No
	9. Name and Address of Currer	t Registered Agent		T		10. Name and Address of New Ro	gistered A	Ağent	
	OLD POEME		8	31	Name				
MYROLD, BRENT				32	Street A	ddress (P.O. Box Number is Not Acceptal	ole)		
228 HILLCREST STREET									
OHL	ANDO FL 32801		8	33					
				84 City FL 85 Zip Coc				ode	
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was auth tions of, Section 607.0505, Florida	orized b a Statute	es.	ie corpor	orporation submits this statement for the pation's board of directors. I hereby accept quired when reinstating)	DATE DATE	unient as regi	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PVST DELETE 11		11 TITLE		-			Change	Addition
NAME	BRENT MYROLD		. 1.2 NAM		1				
STREET ADDRESS	2201 011 111 011011			EETA	DORESS	1001 ERROL PICMY			
CITY-ST-ZIP	7.1.01.101.10			'- ST-2	ZIP	APOPKA, FL 32712		<del></del>	
TITLE		☐ DÉLETE	2.1 TITLE					☐ Change	☐ Addition
NAME			2.2 NAME		ľ				
STREET ADDRESS			2.3 STRE	EET A	DDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		ZIP				
TITLE		☐ DELETE	3.1 TITLE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME			-			
STREET ADDRESS		3.3		3.3 STREET ADDRESS					
CITY-ST-ZIP	3.4.		3.4. CITY	3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAM	λE					1
STREET ADDRESS			4.3 STRE	EETA	DDRESS				}
CITY-ST-ZIP			4.4 CITY	′-ST-2	ZIP	·			
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAM	1E					

14. I 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 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 charged, or on an attackment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

**SIGNATURE** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition