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

**CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000044896 (4)

METRO MARKETING CONSULTANTS, INC.

25

Principal Place of Business 796 BELTED KINGFISHER DRIVE NORTH

PALM HARBOR FL 34683

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

22

23

24

Mailing Address

2a. Mailing Address

City & State

Zip

28

29

9. Name and Address of Current Registered Agent

Suite, Apt. #, etc

798 BELTED KINGFISHER DRIVE NORTH PALM HARBOR FL 34683

## **FILED** Apr 27 1998 8:00am Secretary of State

3.	Date Incorporated or Qualified			
1	05/20/1996 FEI Number	<del>.</del>	<del> </del>	Applied For
<b></b>	59-3389769		-	Not Applicab
5.	Certificate of Status Desired			5 Additional Required
6.	Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
8.	This corporation owes or has p Personal Property Tax due June		current yea	r Intangible No
10.	Name and Address of New R	egistere	d Agent	
ess (P	O. Box Number is Not Accepta	ble)		

Katzman, Steven J. 798 Belted Kingfisher Drive North Palm Harbor Fl 34683			Name				
			Street	et Address (P.O. Box Number is Not Acceptable)			
		84	City	85 Zip Code			
				FL B 240000			
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. The 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. I am familiar with a provided in the corporation of the provisions of the purpose of changing its registered of the purpose of changing its registered of the provisions of							
SIGNATURE SIGNATURE SIGNATURE OF TRUST TRUST TRU							
12. OFFICERS AND DIRECTORS 13.							
TITLE	PVST DELETE	11 TITLE		Change Addition			
NAME	KATZMAN, STEVEN J.	1.2 NAME					
STREET ADDRESS	798 BELTED KINGFISHER DRIVE NORTH	1.3 STREET	ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY- S	ST-ZIP				
TITLE	D DELETE	2.1 TITLE		Change Addition			
NAME	KATZMAN, STEVEN J.	2.2 NAME					
STREET ADDRESS	798 BELTED KINGFISHER DRIVE NORTH	2.3 STREET	ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL	2. 4 CITY-	ST-ZIP				
TITLE	<b>VP</b> DELETE	3.1 TITLE		Mange ☐ Addition			
NAME	WHITEHEAD, LORI	3.2 NAME		KATZMAN, LORI			
STREET ADDRESS	798 BELTED KINGFISHER DRIVE NORTH	3.3 STREET	ADDRESS	, ,			
CITY-ST-ZIP	PALM HARBOR FL	3.4. CITY-	ST-ZIP				
TITLE	DELETE	4.1 TITLE		Change Addition			
NAME		4. 2 NAME		·			
STREET ADDRESS		4.3 STREET	ADDRESS				
CITY-ST-ZIP		4.4 CITY-5	T-ZIP				
TITLE	☐ DELETÉ	5.1 TITLE		Change Addition			
NAME		5.2 NAME		よ>			
STREET ADDRESS		5.3 STREET	ADDRESS	427			
CITY-ST-ZIP		5.4 CITY-5	ST-ZIP	1.0-1			
TITLE	DELETE	6.1 TITLE					
NAME		6.2 NAME		-04/27/3801042023			
STREET ADDRESS		6.3 STREET	ADDRESS	***150.00			
CITY-ST-7IP		6.4 CITY - 9	ST-ZIP				

Country

30

14. 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 changed, or on an attackment with an address.