



FILED

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Secretary of State

03-01-1999 90144 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000000697

1. Corporation Name

METRO FINANCE, INC.

Principal Place of Business

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

Mailing Address

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1997

4. FEI Number

59-3427814

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3081 CUNY FORD RD.

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FL.

24

Zip

32806

Country

25 ORANGE

2a. Mailing Address

26 3081 CUNY FORD RD.

Suite, Apt. #, etc.

27

City & State

28 ORLANDO FL.

29

Zip

32806

Country

30

B. Name and Address of Current Registered Agent

BOWMAN JODY
8015 LANDGROVE CT
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

DARREN BOWMAN

82 Street Address (P.O. Box Number is Not Acceptable)

2520 PERSHING OAKS PL.

83

84

City ORLANDO

FL

85

Zip Code 32806

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME BOWMAN, DARREN C

STREET ADDRESS 4611 LARADO PL

CITY-ST-ZIP ORLANDO FL 32812

TITLE VSD ☐ DELETE

NAME BOWMAN, JODY D

STREET ADDRESS 8015 LANDGROVE CT

CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☐ Change ☐ Addition

1.2 NAME DARREN BOWMAN

1.3 STREET ADDRESS 2520 PERSHING OAKS PL

1.4 CITY-ST-ZIP ORLANDO FL 32806

2.1 TITLE VSD ☐ Change ☐ Addition

2.2 NAME JODY BOWMAN

2.3 STREET ADDRESS 4611 LARADO PL

2.4 CITY-ST-ZIP ORLANDO FL 32812

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DARREN BOWMAN

1-31-99

PTD

407 895-0234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)