

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031593 (1)

1. Corporation Name

METRIC ASSOCIATES, INC.

Principal Place of Business

Mailing Address

12921 OLIVEIRA ST
DOVER FL

12921 OLIVEIRA ST
DOVER FL

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

28

City & State

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Zip

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Country

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9. Name and Address of Current Registered Agent

SUFFERN, DONALD P
12921 OLIVEIRA ST
DOVER FL

10. Name and Address of New Registered Agent

| | | | |
|----|--|----|----------|
| 81 | Name | 85 | Zip Code |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | | |
| 84 | City | FL | |

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. 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | PRESIDENT, SEC, TR, BOD | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONALD P. SUFFERN | | 1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 12921 OLIVEIRA STREET | | 1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | DOVER, FL 33527 | | 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | 2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | 4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | 6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: *Donald P. Suffern* DONALD P. SUFFERN 4/23/98 (813) 689-0852

CR2E034 (10/97)