Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90005 040 \*\*\*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 # P97000051402

1. Corporation Name

METRO I	CE CENTRAL, INC.						
Principal Place of Business Mailing Address					6 100410041 110 10111 10011 00111 00111 00111 0011	\$1 81161 LIEN ALDIN 8	
1455 US 27 NORTH SEBRING FL 33870  1455 US 27 NORTH SEBRING FL 33870					DO NOT WRITE IN TH	IS SPACE	
•		٠. ٠			3. Date Incorporated or Qualifed		
					06/11/1997		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Apr	plied For
21					65-0760043		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
27					Fee Red		
City & State City & State					6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year		□No
24 25 29 30			30		Personal Property Tax.  10. Name and Address of New Registere		
Name and Address of Current Registered Agent				Name	To. Hallie and Address of New Registers	u · · · · · · · · · · · · · · · · · · ·	
TALL	EY, EDDIE JACK		\				
1216 OSCEOLA AVE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
SEBRING FL 33870			83	<del> </del>			
			84	City	F	85 Zip C	Code -
office of re agent. I all SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agei	tions of, Section 607.0505, Flor	ida Statutes	i <b>.</b>	on's board of directors. I hereby accept the application of directors and the second of directors. I hereby accept the application of directors and directors are second of directors.		
12.		ID DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	WEAVER, DONALD WAYNE		1.2 NAME				
STREET ADDRESS	1455 US 27 NORTH	US 27 NORTH		TADORESS			Ì
CITY-ST-ZIP	SEBRING FL 33870			T-ZIP			<b>67.4.1</b> 00
TITLE			2.1 TITLE			Change	Addition
NAME	DORMAN, REBECCA LYNN						
STREET ADDRESS	1.00 00 27 1.00111		2.3 STREE	TADDRESS			]
CITY-ST-ZIP	SEBRING FL 33870			ST-ZIP		Change	Addition
TITLE	TD	☐ DELETE	3.1 TITLE	j		Change	[
NAME	TALLEY, EDDIE JACK		3.2 NAME				
STREET ADDRESS	1216 OSCEOLA AVE			TADDRESS			ŀ
CITY-ST-ZIP	SEBRING FL 33870	☐ DELETE	3.4. CITY-5	ST-ZIP		Change	Addition
TITLE		רו מברביר	4.1 TITLE	İ	-1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 ·		
NAME			4. 2 NAME		•		ĺ
STREET ADDRESS			•	T ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	1-28		☐ Change	Addition
NAME		<u></u>	5.2 NAME				
NAME STREET ADDRESS				T ADDRESS			ļ
CITY-ST-ZIP			5.4 CITY- S	T-ZIP	· "我们的",我们就是不是一个		1. Tas
TITLE		☐ DELETE	61 TITLE		The state of the s	Change	Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS