

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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90009 018 ***150.00

0361938

DOCUMENT # P97000103199

1. Corporation Name

METERED CONCEPTS, INC.

Principal Place of Business

16817 OAK HILL TRAIL #1322
DELRAY BEACH FL 33484

Mailing Address

16817 OAK HILL TRAIL #1322
DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1997

4. FEI Number

65-0798154

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 16706 Willow Creek Dr

Suite, Apt. #, etc.

2a. Mailing Address

26 16706 Willow Creek Dr

Suite, Apt. #, etc.

City & State

23 Delray Beach, FL

Zip Country

24 33484

25

City & State

28 Delray Beach, FL

Zip Country

29 33484

30

9. Name and Address of Current Registered Agent

BERMAN, LARRY

16817 OAK HILL TRAIL #1322
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name

BERMAN, LARRY

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

16706 Willow Creek Dr

83

84 City

Delray Beach

FL

85 Zip Code

33484

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 *Larry Berman* LARRY BERMAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME Berman, Larry
STREET ADDRESS 16817 OAK HILL TRAIL #1322
CITY-ST-ZIP DELRAY BEACH FL 33484

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME Berman, Larry
13 STREET ADDRESS 16706 Willow Creek Dr
14 CITY-ST-ZIP DELRAY BEACH FL 33484

2.1 TITLE ☐ Change ☒ Addition

22 NAME Berman, Ellen
23 STREET ADDRESS 16706 Willow Creek Dr
2.4 CITY-ST-ZIP DELRAY BEACH FL 33484

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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: *Larry Berman* LARRY BERMAN 1-599 561-631-5932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)