5-1-98 B 6194 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT Corporation Annual Report

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 01 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

P97000106672 (3)

ME TAL	. SMIT HS,	INC.							
Principal Plac	e of Busines	s	dress of Current Registered Agent 81 Name 82 Street A 83 84 City Sections 607.0502 and 607.1508, Florida Statutes, the above-named opoth, in the State of Florida. Such change was authorized by the corpeaccept the obligations of, Section 607.0505, Florida Statutes. Registered Agent and Medical applicable (NOTE: Registered Agent signature of OFFICERS AND DIRECTORS) 13.					IND BEIND BILLI NOOLD INDE HOOT	
727 ORANGE PARK LAKELAND FL 33801				· · · · · · · · · · · · · · · · · ·			DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualified		
							12/19/1997		
2. Principal Place of Business			26.	2s. Mailing Address			4, FEI Number	Applied For	
21			26				59-3489080	Not Applicable	
Suite, Apt. #, etc.			27	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State				¬ '			6. Election Campaign Financing	\$5.00 May Be	
23				· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution Added to Fees		
Zip	· · · · · · · · · · · · · · · · · · ·		├ ──	· — — ·		'	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No		
24							Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
14	ONROE, NO		Tom Hogiet	orou rigorit	81	Namo	ID, Italia alia Madicos di Itali Itagistolisa	- Hann	
727 Or ange Park Lakeland Fl 33801						Street Add	dress (P.O. Box Number is Not Acceptable)		
"	INCUMIN FO	L 33001			83	-			
}								 	
					84	City	FI	85 Zip Code	
11. Pursuant office or a agent. I a	to the provis registered ac am familiar w	ions of Sections 607.6 gent, or both, in the St ith, and accept the ob	0502 and 60 ate of Florid oligations of,	07.1508, Florida Statu a. Such change was Section 607.0505, Fl	les, the above authorized by orida Statutes	e-named co the corpora s.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
SIGNATURE									
12,	Signature, typed					ent signature req	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	D	OTTIOLING	AND DIVIE	DELETE			ADDITIONS/OFFAINALES TO OFF TOLERO ALL	Change Addition	
NAME		E, NORMAN		_	1.1 TITLE 1.2 NAME			<u> </u>	
STREET ADDRESS		ANGE PARK			1.3 STREET	ADDRESS			
CITY-ST-ZIP	LAKELA	ND FL 33801			1.4 CITY - S	T-ZIP			
TITLE	0			DELETE	21 TITLE			Change Addition	
NAME	MOCK, DAVID			2					
STREET ADDRESS				2		ADDRESS			
CITY-ST-ZIP	LAKELA	ND FL 33801			2.4 CITY-S	ST - ZIP			
TITLE				☐ DELETE	3.1 TITLE			Change Addition	
NAME	1				3.2 NAME	- }			
STREET ADDRESS					3.3 STREET				
CITY-ST-ZIP	ļ			DELETE	3.4. CITY-S	ST - ZIP		Change Addition	
TITLE	1			DELETE 4.1 TITLE 4.2 NAME				Change Addition	
NAME CYBEET ADDRESS	STREET ADDRESS			9		1000000			
				4.3 STREET ADORESS 4.4 CITY-ST-ZIP		1			
CITY-ST-ZIP TITLE	 			DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP		Change Addition	
NAME	1				5.2 NAME			reaction	
STREET ADDRESS	ĺ				5.3 STREET	ADORESS			
CITY-ST-ZIP	ĺ				5.4 CITY-S				
TITLE			··	DELETE	6.1 TITLE	. 211		Change Addition	
	1				6.2 NAME			- 	

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 in an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP