

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000064037

1. Corporation Name

METRO INSURANCE SYSTEMS INC.

FILED

99 AUG -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
12538 N. KENDALL DR. 12538 N. KENDALL DR.
MIAMI FL 33186 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1998

4. FEI Number

65-0934502

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

2. Principal Place of Business

21 12516 N. KENDALL DR.

Suite, Apt. #, etc.

22 City & State

MIAMI FL.

23 Zip 33186

Country

usa

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

Zip

Country

28

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9. Name and Address of Current Registered Agent

ROBBINS, JON

12538 N. KENDALL DR.

MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

SANDRA ROBBINS

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

12516 NO. KENDALL DRIVE

84 City

MIAMI

FL

85 Zip Code

33186

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

SANDRA ROBBINS

7-22-99

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

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TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME

President

13 STREET ADDRESS

Jon Robbins

14 CITY-ST-ZIP

12516 N. Kendall Dr Mia, Fl 33186

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON ROBBINS

Date

Telephone #

305-271-1044

CR2E034 (1/1/98)

METRO INSURANCE SYSTEMS INC.

12516 NO. KENDALL DRIVE

MIAMI, FL. 33186

Phone 305 - 271-1044
Fax 305-271-4852

DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

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TO WHOM IT MAY CONCERN:

DUE TO THE DEATH OF MY HUSBAND ON MAY 9, 1999 SUDDENLY AND UNEXPECTED, I HAD TO ASSUME MANAGEMENT OF HIS BUSINESS AND HAVE BEEN ENGAGED IN THE DAILY TASK OF PROCESSING INSURANCE APPLICATIONS AND STRAIGHTENING OUT FILES PLUS A MULTITUDE OF OTHER ITEMS WHICH BECAME MY SUDDEN RESPONSIBILITY. I AM SURE MY HUSBAND, JON ROBBINS NEVER INTENDED TO LEAVE THIS TASK TO ME BUT UNDER THE CIRCUMSTANCES IT HAPPENED.

UPON RECEIVING THE SECOND NOTICE OF THE ANNUAL REPORT TO STATE RECENTLY I THEN BECAME AWARE OF THE NEED TO FILE THIS REPORT AS WE WANT THE CORPORATION TO REMAIN IN TACT. THE REPORT WAS NEVER FILED AND I FOUND AMONG THE PAPERS IN OUR OFFICE THE ORIGINAL ANNUAL REPORT WHICH HE SIGNED AND FAILED TO SEND PRIOR TO MAY 1, 1999. I AM REQUESTING THAT YOU WAIVE THE LATE PENALTY DUE TO THE CIRCUMSTANCES OF THIS CASE. PRESENTLY THE CORPORATION IS PART OF MY HUSBAND'S ESTATE AND IS IN PROBATE.

I AM CHANGING THE REGISTERED AGENT TO MYSELF AS SHOWN IN THE REPORT FILED HEREWITH.

I HOPE YOU CAN CONSIDER THIS REQUEST AND THANK YOU FOR YOUR UNDERSTANDING.

I AM ENCLOSING \$ 150 FEE WITH REPORT

SINCERELY,
SANDY ROBBINS

Sandy Robbins
7-29-99