

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 JUL 19 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
METRO CLAIMS, INC.

DOCUMENT #
S20748 (7)

Mailing Address
4601 KENNEDY BLVD.
TAMPA FL 33609

Principal Place of Business
4601 KENNEDY BLVD.
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/11/1990
3a. Date of Last Report 08/05/1993

4. FEI Number 59-3056970
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

7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Mailing Address
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Principal Place of Business
25 Suite, Apt. #, etc.
26 City & State
27 Zip Country
28

9. Name and Address of Current Registered Agent
REIBER, SAM I.
601 EAST TWIGGS
SUITE 200
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS

11 TITLE	P/S/T
12 NAME	ESKINE, SCOTT M
13 STREET ADDRESS	2809 TAMMARRON LANE
14 CITY - ST - ZIP	BRANDON FL
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(2)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 190.01(2)(b) in this event that the information supplied is deemed exempt from public access. 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 and make me liable only that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to execute that report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of an officer or director with an address.

SIGNATURE: *Scott M Eskine* 7-11-94 (813) 286-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR