

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S44329** (8)

1. Corporation Name

METROPLEX MOBILE DATA, INC.



Principal Place of Business

**517 SOUTHWEST 1ST AVENUE
FORT LAUDERDALE FL 33301
US**

Mailing Address

**517 SOUTHWEST 1ST AVENUE
FORT LAUDERDALE FL 33301
US**

3. Date Incorporated or Qualified

04/09/1991

3a. Date of Last Report

06/12/1995

4. FEI Number

65-0368195

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 **1640 W. Oaklawn Park Blvd**

26 **1640 W. Oaklawn Park Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 300**

27 **Suite 300**

City & State

City & State

23 **Fort Lauderdale FL**

28 **Fort Lauderdale**

Zip

Country

Zip

Country

24 **33311**

25 **US**

29 **33311**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENNEDY, EUGENE M ESQ.
EUGENE MICHAEL KENNEDY P.A.
517 SW 1ST AVE.
FT. LAUDERDALE FL 33301**

81 Name

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

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

(Signature typed or printed in block, along with agent's title, if applicable)

(NOTE: Registered Agent's signature required when removing, adding, or changing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **GOULD, LAWRENCE A.**
STREET ADDRESS **18181 NORTHEAST 31ST COURT, #2509**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
1.2 NAME **Kerris A. Goch**
1.3 STREET ADDRESS **3940 NW 52 PLACE**
1.4 CITY-ST-ZIP **Boca Raton, FL 33496**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kerris A. Goch (Director)

(305) 139-0350

CR2E034 (12/95)