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

**PROFIT CORPORATION ANNUAL REPORT** 

1**9**98

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name V31025

(2)

METAMORA INVESTORS, INC.

Mailing Address

**FILED** 

May 05 1998 8:00am

Secretary of State

713 17TH ST VERO BEACH FL 32960		713 17TH ST VERO BEACH FL 32960			DO NOT WRITE IN THI	S SPACE		
					Date Incorporated or Qualified     04/23/1992			
	ace of Business	2a, Mailing Address			4. FEI Number	Applied	For	
21		26			65-0328725		plicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	, to the time, and the time, a			
Zip <b>24</b>	Country 25	7ip <b>29</b>	Count	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registers	d Agent		
	MMONS, JACQUELINE T		8	I Name			l	
	3 17TH ST RO Beach Fl 32960		8	2 Street A	ddress (P.O. Box Number is Not Acceptable)			
			8	3				
			8	City	F	B5 Zip Code	,	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change wa	s authorized l	by the corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its reg opointment as regis	istered stered	
SIGNATURE			615 6		equired when reinstalling) DATE			
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	13.	gont signature re	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN	12	
TITLE	PD	DELETE	1.1 TITLE		710011011111101011111111111111111111111		Addition	
NAME	SIMMONS, JACQUELINE T		1.2 NAM			•	]	
STREET ADDRESS	713 17TH ST		1.3 \$186	T ADDRESS			i	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY	ST-ZIP			ľ	
TITLE	·•		2.1 TITLE			Change	Addition	
NAME	HOPPE, FREDA ROWE		2.2 NAMI	. [			Į	
STREET ADDRESS	713 17TH ST		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	<del></del>		2 4 City	-ST-ZIP		<u> </u>		
TITLE		☐ DELETE	31 7176			Change	Addition	
NAME			3.2 NAM				i	
STREET ADDRESS			1	T ADDRESS			Į	
CITY-ST-ZIP TITLE		☐ DELE <b>TE</b>	3.4. CITY 4.1 TITLE	- 51 - ZIP		Change	Addition	
NAME			4. 2 NAM	.		vgv		
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5.1 TITLE			☐ Change ☐	Addition	
NAME			5.2 NAM	· \			j	
STREET ADDRESS			5.3 STRE	ET ADDRESS			!	
CITY-ST-ZIP			5.4 CITY	ST - ZIP				
TITLE		☐ D£LETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAMI					
STREET ADDRESS			6.3 STRE	1 ADDRESS				
CITY.ST.7IP			64 CITY	ST-7IP			ì	

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.

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