FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # V42538 (1)

1. Corporation Name
METROFLEX INC.

Principal Place of Business	Mailing Address
730 N INDIAN ROCKS RD BELLEAIR BLUFFS FL 34640	730 N INDIAN ROCKS RD BELLEAIR BLUFFS FL 34640

2. Principal Place of Business	2a. Mailing Address
21 2511 Swann Ave.	26 2511 Swann Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa Fl.	City & State 28 Tampa Fl.
Zip 24 33609 / Country 25 Hillsborough	Zip 29 33609 / Country 30 Hillsborough

3. Date Incorporated or Qualified: 06/08/1992
3a. Date of Last Report: 03/23/1995
4. FEI Number: 59-3127710 — ☐ 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

9. Name and Address of Current Registered Agent

JOHNSON, ALAN D.
730 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 34640

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2511 Swann Ave.
83
84 City Tampa FL 85 Zip Code 33609

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] Secretary — March 17, 1996
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	JOHNSON, ALAN D.	1.2 NAME	Johnson, Alan D.
STREET ADDRESS	730 N. INDIAN ROCKS RD	1.3 STREET ADDRESS	2511 Swann Ave
CITY-ST-ZIP	BELLEAIR BLUFFS FL	1.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ARBUTINE, GREG M	2.2 NAME	
STREET ADDRESS	730 N INDIAN ROCKS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	000001769180
TITLE	☐ DELETE	6.1 TITLE	-04/04/96--01044--021 Change ☐ Addition
NAME		6.2 NAME	***200.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: Alan Johnson — 3-28-96 — (813)876-3539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

96-4-28