
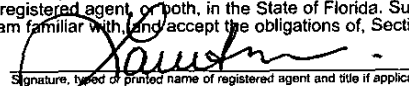


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90039 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V55877			
1. Corporation Name MUNICIPAL METER READING SERVICE, INC.			
Principal Place of Business 9500 PAYNE RD SEBRING FL 33872-9717 US		Mailing Address 9500 PAYNE RD SEBRING FL 33872- US	
2. Principal Place of Business 21 100 SELAH WAY Suite, Apt. #, etc. 22 City & State 23 LAKE PLACIO FL Zip 24 33852 Country 25 USA		2a. Mailing Address 26 100 SELAH WAY Suite, Apt. #, etc. 27 City & State 28 LAKE PLACIO FL Zip 29 33852 Country 30 US	
9. Name and Address of Current Registered Agent KING, CHRISTOPHER 9500 PAYNE ROAD SEBRING FL 33872		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 100 SELAH WAY 83 84 City LAKE PLACIO FL 85 Zip Code 33852	
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  DATE 1-16-99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPTS NAME LAUCHMAN, SYLVIA STREET ADDRESS 9500 PAYNE RD CITY-ST-ZIP SEBRING FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 100 SELAH WAY 1.4 CITY-ST-ZIP LAKE PLACIO, FL. 33852	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)