

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 FEB 23 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-03/22/95--01041--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # **V65914** (6)

1. Corporation Name
METRO EAST, INC.

Principal Place of Business Mailing Address
927 GOLDWYN AVENUE ORLANDO FL 32805

3. Date Incorporated or Qualified **09/23/1992** 3a. Date of Last Report **05/11/1994**
4. FEI Number **NOT APPLICABLE** 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. Suite, Apt #, etc. 26. Suite, Apt #, etc.
22. City & State 27. City & State
23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent
**WILCOX, BOBBY
927 GOLDWYN AVENUE
ORLANDO FL 32801**

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, 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, typed or printed name of registered agent and the corporation.

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WILCOX, BOBBY
STREET ADDRESS	927 GOLDWYN AVENUE
CITY - ST - ZIP	ORLANDO FL 32805
TITLE	TD
NAME	WILCOX, CHRISTINE
STREET ADDRESS	927 GOLDWYN AVENUE
CITY - ST - ZIP	ORLANDO FL 32805
TITLE	SD
NAME	SCHOFIELD, RHONDA
STREET ADDRESS	3102 SPLIT WILLOW DRIVE
CITY - ST - ZIP	ORLANDO FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the first 119.01(2)(b), 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 on the original, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Bobby Wilcox* **Bobby Wilcox**
Signature, typed or printed name of director or officer

11 Fee 707-298-5070