

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M50400** (4)

1. Corporation Name
METRO PARKING SYSTEMS, INC.



Principal Place of Business: **P.O. BOX 012949 MIAMI FL 33101**
Mailing Address: **P.O. BOX 012949 MIAMI FL 33101**

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date incorporated or qualified: **04/16/1987**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-2805182**
5. Certificate of Status Declared: **\$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. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**BLEEMER, GARY
100 S. BISCAYNE BLVD
SUITE 1100
MIAMI FL 33131**

81 Name
82 Street Address, P.O. Box Number, N.W.A. applicable
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(4)(b), 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, thereby, discharging the appointment of its registered agent. I am familiar with, and accept the obligations of, Section 607.02(b), Florida Statutes.

SIGNATURE: _____
12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLEEMER, GARY	
STREET ADDRESS	100 S. BISCAYNE BLVD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLEEMER, SUSAN	
STREET ADDRESS	100 S. BISCAYNE BLVD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HOLLO, WAYNE	
STREET ADDRESS	100 S. BISCAYNE BLVD.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
13. STREET ADDRESS	
13. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
13. NAME	
13. STREET ADDRESS	
13. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
13. NAME	
13. STREET ADDRESS	
13. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
13. NAME	
13. STREET ADDRESS	
13. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information submitted with this filing was truthfully furnished and does not qualify for the exemption under Section 119.07(3)(a), Florida Statutes. I further certify that the information contained herein is true and correct, or, if applicable, 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 Florida corporation whose responsibility it is to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as requested on an attachment to this filing.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

CR2E034 (12/95)