

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

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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000044896 (4)**

1. Corporation Name

METRO MARKETING CONSULTANTS, INC.



Principal Place of Business

**687 ALDERMAN ROAD, SUITE 127
PALM HARBOR FL 34683**

Mailing Address

**687 ALDERMAN ROAD, SUITE 127
PALM HARBOR FL 34683-2602**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 798 BELTED KINGFISHER DR. N.		26 798 BELTED KINGFISHER DRIVE NORTH		05/20/1996	N/A
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Palm Harbor, FL		28 Palm Harbor, FL		59-3389769	Not Applicable
24 34683	25 USA	29 34683	30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KATZMAN, STEVEN J.
687 ALDERMAN ROAD
SUITE 127
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name **STEVEN J. KATZMAN**
 82 Street Address (P.O. Box Number is Not Acceptable) **798 BELTED KINGFISHER DR. N.**
 83
 84 City **PALM HARBOR** FL 85 Zip Code **34683**

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

STEVEN KATZMAN

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	NORT WHITEHEAD
NAME	KATZMAN, STEVEN J.	1.2 NAME	
STREET ADDRESS	687 ALDERMAN ROAD, SUITE 127	1.3 STREET ADDRESS	798 BELTED KINGFISHER DR. N.
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	D	2.1 TITLE	
NAME	KATZMAN, STEVEN J.	2.2 NAME	
STREET ADDRESS	687 ALDERMAN ROAD, SUITE 127	2.3 STREET ADDRESS	798 BELTED KINGFISHER DR. N.
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE		3.1 TITLE	V. PRES.
NAME		3.2 NAME	LORI WHITEHEAD
STREET ADDRESS		3.3 STREET ADDRESS	798 BELTED KINGFISHER DR. N.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
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 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.

SIGNATURE:

STEVEN KATZMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 785-9678

Daytime Phone

CR2E034 (9/96)