

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **224967** (0)

1. Corporation Name
METRO EXTERMINATORS, INC.



Principal Place of Business: 2643 N.E. 186TH TERRACE NORTH MIAMI BEACH FL 33180
Mailing Address: 2643 N.E. 186TH TERRACE NORTH MIAMI BEACH FL 33180

2. Principal Place of Business		2a. Mailing Address	
21	26	27	28
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23	28	29	30
24	25	29	30
Zip		Country	

3. Date Incorporated or Qualified	3a. Date of Last Report
06/17/1959	03/30/1995
4. FEI Number	Applied For
59-0868478	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COLE, GERALD 4901 JACKSON STREET HOLLYWOOD FL 33180				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	

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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of Registered Agent or authorized officer of the corporation. (Do not sign if you are not the registered agent.) Date of Signature

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST MILLER, S.	<input type="checkbox"/> DELETE	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2471 N.E. 199TH STREET		12. NAME		
STREET ADDRESS	MIAMI FL		13. STREET ADDRESS		
CITY-STATE-ZIP			14. CITY-STATE-ZIP		
TITLE	D COLE, G.	<input type="checkbox"/> DELETE	2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4901 JACKSON STREET		22. NAME		
STREET ADDRESS	HOLLYWOOD FL		23. STREET ADDRESS		
CITY-STATE-ZIP			24. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32. NAME		
STREET ADDRESS			33. STREET ADDRESS		
CITY-STATE-ZIP			34. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42. NAME		
STREET ADDRESS			43. STREET ADDRESS		
CITY-STATE-ZIP			44. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY-STATE-ZIP			54. CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY-STATE-ZIP			64. CITY-STATE-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 addition with an address.

SIGNATURE: *Selig Miller* 2/20/96 305493/0611
SIGNATURE AND TYPED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SELIG MILLER

CR2E034 (12/95)