

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

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 277413 (1)**

1. Corporation Name  
**METROPOLITAN, INC.**

Principal Place of Business 2103E 7TH AVE TAMPA FL 33605-3903 US	Mailing Address 2103E 7TH AVE TAMPA FL 33605-3903 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2014 E. 7th Ave Suite, Apt. #, etc. 22 Tampa FL City & State 23 33605 Zip 24 USA Country	2a. Mailing Address 26 2014 E. 7th Ave Suite, Apt. #, etc. 27 Tampa, FL City & State 28 33605 Zip 29 USA Country
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3. Date Incorporated or Qualified 01/01/1964	4. FEI Number 59-1030171	Applied For Not Applicable
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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CAPITANO, ANTOINETTE 2103E 7TH AVE TAMPA FL 33605	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2014 E. 7th Ave. 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME CAPITANO, ANTOINETTE	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 11416 LINARBOR PL	CITY-ST-ZIP TEMPLE TERRACE FL 33617	1.2 NAME	
TITLE VP	NAME CAPITANO, SAMUEL A	1.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 11416 LINARBOR PL	CITY-ST-ZIP TEMPLE TERRACE FL 33617	1.4 CITY-ST-ZIP	
TITLE ST	NAME CAPITANO, JAMES P	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 11416 LYNARBOR PL.	CITY-ST-ZIP TEMPLE TERRACE FL	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS 3301 EL MONTE CT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	2.4 CITY-ST-ZIP TAMPA FL 33614	
TITLE	NAME	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS 11416 Linarbor PL	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)