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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 500880

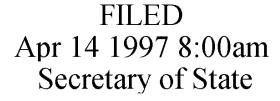
(0)

METRO SPECIALTY SERVICES CORPORATION

Principal Place of Business Mailing Address

1972 HILLVIEW ST POST OFFICE BOX 965
SARASOTA FL 34239 SARASOTA FL 34230-0985
US

2. Principal Place of Business 2. 2a. Mailing Address





3a. Date of Last Report

03/12/1996

3. Date Incorporated or Qualified

04/09/1976

21	ido di pusitos	26 (Vicinity Address		59-1661665	Not Applicable
Sulte, Apt. #, etc. Suile, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State 28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible Florida Statutes	
9, Name and Address of Current Registered Agent				Name and Address of New Registered	Agent
HUBER, MARK J 1972 HILLVIEW STREET			81 Nar	ame reet Address (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34230-0985			83	eet Address (F.O. Box Northber is Not Acceptable)	
			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 607.0505, Florida Statutes.					
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signs	nature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	D DIDECTORS IN 10
TITLE	PD	DELETE	1.1 HILE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	HUBER, MARK J.		1.2 NAME		orango El Madrion (
STREET ADDRESS	3421 BAYOU CT.		1.3 STREET ADDRES	FSS	[]
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY - ST - ZIP		
TITLE	SD	DELFTE	2111111		Change Addition
NAME	HUBER, JOYCE W		2.2 NAME		
STREET ADDRESS	2120 HARBORSIDE DRIVE		2.3 STREET ADDRES	ESS	
CITY-ST-ZIP	LONGBOAT KEY FL		2 4 CHY-ST-ZIP		
TITLE	VTD	DELETE	3 1 117LE		Change Addition
NAME	HUBER, JAMES C.		3.2 NAME		
STREET ADDRESS	2120 HARBORSIDE DRIVE		3.3 STREET ADDRES	FSS (ľ
CITY-ST-ZIP	LONGBOAT KEY FL		3.4. CHY-SI-ZIP		
TITLE	V	☐ DELFTE	4.1 111LF		Change Addition
NAME	COUNSEL-HUBER, PAUL C.		4. 2 NAME		
STREET ADDRESS	226 LAKE SUMMERSET DR.		4.3 STREET ADDRES	188	
CITY-ST-ZIP	DAVIS IL	DELETE	4.4 CHY-S1-7IP		
TITLE NAME	1	T Dereit	5 1 TIPLE		☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME		
			5.3 STREET ADDRES	.55	
CITY-ST-ZIP TITLE		DELEJE	5.4 CHTY-S1-7IP 6.1 HTLE		Change Addition
NAME		perse	6.2 NAME		FT CHARGE FT MOURIDE
STREET ADDRESS			G.3 STREET ADDRES	200	}
CITY-ST-ZIP			6.4 CHY-ST-ZIP	00.	
	by certify that the information supplied	with this filing does not qualify		I on stated in Section 119.07(3)(i), Florida Statutes, I furthe	r certify that the
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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.					