


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

FILED
May 13 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 # 829390 (4)
 1. Corporation Name
METRO COMMUNITIES OF PASCO, INC.



Principal Place of Business 6709 RIDGE RD STE 200 PORT RICHEY FL 34668-3990	Mailing Address 6709 RIDGE RD STE 200 PORT RICHEY FL 34668-6883
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3. Date Incorporated or Qualified 01/30/1973		3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		4. FEI Number 59-1434997	
2a. Mailing Address		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
21. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip		25. Country	
26. Zip		27. Country	
28. Zip		29. Country	
30. Zip		31. Country	

9. Name and Address of Current Registered Agent HUDSON, JOHN E. 6709 RIDGE ROAD PORT RICHEY FL 34668		10. Name and Address of New Registered Agent	
B1. Name		B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City		B4. Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUDSON, JOHN E		1.2 NAME	
STREET ADDRESS 6709 RIDGE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP PORT RICHEY FL		1.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SILVA, SUSAN		2.2 NAME	
STREET ADDRESS 6709 RIDGE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP PORT RICHEY FL		2.4 CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORTON, DAVID C.		3.2 NAME	
STREET ADDRESS 6709 RIDGE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP PORT RICHEY FL		3.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SLEEMAN, GEORGE		4.2 NAME	
STREET ADDRESS 6709 RIDGE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP PORT RICHEY FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 _____ DATE **4-2-97**

CR2E034 (9/96)