

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northum
Secretary of State
Division of CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **F67755** (1)

1. CORPORATION NAME
METROPOLITAN ADVERTISING COMPANY

STAMP - MAY 11 9:45
TAMPA - FLORIDA

Principal Place of Business: **3014 WEST HORATIO STREET TAMPA FL 33609**
Mailing Address: **3014 WEST HORATIO STREET TAMPA FL 33609**

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or organized 02/18/1982	3a. Date of Last Report 04/27/1994
21. State, Apt. # etc.	26. State, Apt. # etc.	4. FIC Number 59-2148735		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status (Direct)		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Tax Exempt	25. Tax Exempt	29. Tax Exempt		30. Tax Exempt	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

ROCKER, CHARLES L, JR 3014 HORATIO STREET TAMPA FL 33609				81. Name	
				82. Street Address (P.O. Box Number, if Not Applicable)	
				83.	
				84. City	FL
				85. Zip Code	

11. Pursuant to the provisions of Sections 190, 191, and 607, 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12'	
TITLE	DP ROCKER, CHARLES L, JR. 3014 HORATIO STREET TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	S EBBS, SARAH K. 3014 HORATIO STREET TAMPA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	VD GODWIN, M.E. 3014 HORATIO STREET TAMPA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		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		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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the nonpayment status as set forth in 191.021, Florida Statutes. I further certify that the information included on the 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 recipient of funds or instrumental to receive the report as required by Chapter 191, Florida Statutes, and that my name appears in Block 1, of this filing in respect of an officer or director with an address.

SIGNATURE: *M E Godwin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
872 8502