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FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F80389 (2)  
1. Corporation Name  
METRIX SOUTH, INC.



Principal Place of Business  
6501 NE 12TH AVENUE  
FT. LAUDERDALE FL 33309

Mailing Address  
6501 NE 12TH AVENUE  
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/07/1982	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-2204254	
24	Country	29	Country	5. Certificate of Status Desired	
		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KATZ, RON 6501 NW 12TH AVENUE FT. LAUDERDALE FL 33309		United Corporate Services, Inc. 801 Northwest 167th Street Suite 300 North Miami Beach FL 33162	

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: MICHAEL A. BARR, President  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/17/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	General Manager
NAME	KATZ, RON	1.2 NAME	Birnholz, Michael Brent
STREET ADDRESS	6501 NW 12TH AVE	1.3 STREET ADDRESS	6501 NW 12TH AVE
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33309
TITLE	V	2.1 TITLE	Chairman / Director
NAME	PITT, BEVERLY	2.2 NAME	Pace, Michael
STREET ADDRESS	6501 NW 12TH AVE	2.3 STREET ADDRESS	150 Wireless Blvd
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Hawthorne, NY 11781
TITLE	S	3.1 TITLE	Treasurer
NAME	REISS, LARRY	3.2 NAME	Rathenborg, Howard
STREET ADDRESS	6501 NW 12TH AVE	3.3 STREET ADDRESS	150 Wireless Blvd
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Hawthorne, NY 11781
TITLE		4.1 TITLE	CFO
NAME		4.2 NAME	Helmer, Edmund
STREET ADDRESS		4.3 STREET ADDRESS	150 Wireless Blvd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hawthorne, NY 11781
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Handrake, Patricia
STREET ADDRESS		5.3 STREET ADDRESS	150 Wireless Blvd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hawthorne, NY 11781
TITLE		6.1 TITLE	Secretary / Director
NAME		6.2 NAME	Burns, Richard
STREET ADDRESS		6.3 STREET ADDRESS	220 E. 42nd Street, STE 300
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New York, NY 10017

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 recorder 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: [Signature]  
4/16/98 316434 1441