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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000002236 (7)

1. Corporation Name
TYSER METRO & CO.

Principal Place of Business

2400 MORRIS AVE
UNION NJ 07083

Mailing Address

PO BOX 1422
UNION NJ 07083-1422



| | | | | | | | |
|--|--|---|--|---|--|---|--|
| 2. Principal Place of Business 21 950 Stuyvesant Ave Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 04/29/1994 | | 3a. Date of Last Report 04/23/1996 | |
| 22 City & State 23 Union NJ | | 27 City & State | | 4. FEI Number 22-2490318 | | Applied For Not Applicable | |
| 24 Zip 07083 | | 25 Country | | 28 Zip | | 29 Country | |
| 26 City & State | | 27 City & State | | 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 | |
| 28 City & State | | 29 City & State | | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

GROSS, STEVEN R
333 W. CAMINO GARDENS BLVD
SUITE 203
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name Gross, Steven
82 Street Address (P.O. Box Number is Not Acceptable)
399 W Camino Gardens Blvd
83 Suite 308
84 City Boca Raton FL FL 85 Zip Code 33432

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: X *[Signature]* PRESIDENT 4/10/97
(NOTE: Registered Agent signature required when reinstating)

| | | | |
|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CPT GROSS, STEVEN R 333 W. CAMINO GARDENS BLVD, SUITE 203 BOCA RATON FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 950 Stuyvesant Ave Union NJ |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VCV MONTANO, ANTHONY 2400 MORRIS AVE UNION NJ | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 950 Stuyvesant Ave Union NJ |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD GROSS, BARBARA 2400 MORRIS AVE UNION NJ | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 950 Stuyvesant Ave Union NJ |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SKINNER, RONALD A 2400 MORRIS AVE UNION NJ | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 950 Stuyvesant Ave Union NJ |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date Daytime Phone #

CR2E034 (9/96)