

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 18 1997 8:00am  
Secretary of State

DOCUMENT # F94000002853 (9)

1. Corporation Name  
**METRO JV, INC.**

Principal Place of Business  
**520 BROAD ST.  
NEWARK NJ 07102**

Mailing Address  
**520 BROAD ST.  
NEWARK NJ 07102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/31/1994</b>	3a. Date of Last Report <b>03/11/1996</b>
4. FEI Number <b>22-3282833</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RYAN, MICHAEL S	1.2 NAME	
STREET ADDRESS	520 BROAD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07102	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	MAHONY, MARK	2.2 NAME	
STREET ADDRESS	520 BROAD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07102	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	
NAME	MARTIN, THOMAS L	3.2 NAME	
STREET ADDRESS	520 BROAD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07102	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D, T, V
NAME	MORGAN, THOMAS E	4.2 NAME	Saccomondo, Nick
STREET ADDRESS	520 BROAD ST.	4.3 STREET ADDRESS	520 Broad Street
CITY-ST-ZIP	NEWARK NJ	4.4 CITY-ST-ZIP	Newark, NJ 07102
TITLE	V	5.1 TITLE	
NAME	KOERBER, JAY A	5.2 NAME	
STREET ADDRESS	520 BROAD ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07102	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	COMPITELLO, YVONNE M.	6.2 NAME	
STREET ADDRESS	520 BROAD ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ	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: Thomas L. Martin 9/8/97 (973) 481-8170

CR2E034 (4/97)