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

FILED Apr 17 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # J25466 (0)METROWEST PROPERTIES, INC. | HERBERT AND THE FARE FRANCE AND THE FARE FRANCE FOR THE FARE FRANCE FR Principal Place of Business Mailing Address 2100 8 HIAWASSEE RD. 2100 S HIAWASSEE RD ORLANDO FL 32835-6307 ORLANDO FL 32835-6307 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1986 2. Principal Place of Business 2a. Mailing Address Applied For 59-2837982 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name J. LINDSAY BUILDER , JR. 369 N. NEW YORK AVENUE, 3rd Floor 82 Street Address (P.O. Box Number is Not Acceptable) **B3** WINTER PARK FL 32789 84 City Zip Code **B**5 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) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ___ Addition J. LINDSAY BUILDER, JR. NAME 1.2 NAME 369 N.NEW YORK AVENUE STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE CHEBEIR, CAMILLE A. 22 NAME NAME STREET ADDRESS 2100 S HIAWASEE RD 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE JACKSON, JAMES B., JR. NAME 3.2 NAME 2100 S HIAWASSEE RD. STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition SOUFI, DR. ADNAN NAME 4. 2 NAME 2100 S. HAWASSEE ROAD 4.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 roport 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 corpogation 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 chapter 607, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

SIGNATURE:

STREET ADORESS

STREET ADDRESS

CHTY-ST-ZIP

TITLE

NAME

■ DELETE

407-289-8800

Change

Addition