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FILED
Mar 05 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 # J75101

(2)

1. Corporation Name
LITTLE RIVER METRO CORP.



Principal Place of Business

Mailing Address

~~401 N.E. 167TH STREET~~
~~NORTH MIAMI BEACH FL 33162~~
 US

~~401 N.E. 167TH STREET~~
~~NORTH MIAMI BEACH FL 33162-3008~~
 US

3. Date Incorporated or Qualified
05/29/1987

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 **1142 So. Federal Hwy**
 Suite, Apt. #, etc.

26 **1142 So. Federal Hwy**
 Suite, Apt. #, etc.

4. FEI Number
58-1742321

Applied For
 Not Applicable

22 City & State
FT. LAUDERDALE, FL

27 City & State
FT. LAUDERDALE, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip **33316** Country **U.S.**

28 Zip **33316** Country **U.S.**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 9. Name and Address of Current Registered Agent

29 10. Name and Address of New Registered Agent

OKO, RALPH N.
~~401 N.E. 167TH STREET~~
~~NORTH MIAMI BEACH FL 33162~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **1142 So. Federal Hwy**

84 City **FT. LAUDERDALE FL** 85 Zip Code **33316**

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 type: the printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
PD
 NAME **PETRO, NERINO**
 STREET ADDRESS ~~401 N.E. 167TH STREET~~
 CITY - ST - ZIP ~~NORTH MIAMI BEACH FL~~

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **1111 1/2 AVON ST**
 1.4 CITY - ST - ZIP **ROCKFORD, IL 61103**

TITLE DELETE
 NAME **STD**
 STREET ADDRESS ~~401 N.E. 167TH STREET~~
 CITY - ST - ZIP ~~NORTH MIAMI BEACH FL~~

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **191 WAUKEGAN RD STE 110**
 2.4 CITY - ST - ZIP **NORTHFIELD, IL 60093**

TITLE DELETE
 NAME **OKO, RALPH N.**
 STREET ADDRESS ~~401 N.E. 167TH STREET~~
 CITY - ST - ZIP ~~NORTH MIAMI BEACH FL~~

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS **1142 So. Federal Hwy**
 3.4 CITY - ST - ZIP **FT. LAUDERDALE, FL 33316**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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)(j), 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 in an attachment with an address.

SIGNATURE:

RALPH N. OKO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-97
 Date

954 764 0101
 Daytime Phone #

CR2E034 (9/96)