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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 33182~~
US

~~401 N.E. 167TH STREET~~
~~NORTH MIAMI BEACH FL 33182-3008~~
US

3. Date Incorporated or Qualified

05/29/1987

3a. Date of Last Report

04/22/1996

4. FEI Number

58-1742321

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

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

2a. Mailing Address

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

City & State

23 FT. LAUDERDALE, FL

City & State

28 FT. LAUDERDALE, FL

Zip

24 33316

Country

25 U.S.

Zip

29 33316

Country

30 U.S.

9. Name and Address of Current Registered Agent

OKO, RALPH N.

~~401 N.E. 167TH STREET~~

~~NORTH MIAMI BEACH FL 33182~~

10. Name and Address of New Registered Agent

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 of the principal officer or director, or the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PETRO, NERINO

STREET ADDRESS ~~401 N.E. 167TH STREET~~

CITY - ST - ZIP ~~NORTH MIAMI BEACH FL~~

TITLE STD ☐ DELETE

NAME GOLDMAN, MARTIN J.

STREET ADDRESS ~~401 N.E. 167TH STREET~~

CITY - ST - ZIP ~~NORTH MIAMI BEACH FL~~

TITLE D ☐ DELETE

NAME OKO, RALPH N.

STREET ADDRESS ~~401 N.E. 167TH STREET~~

CITY - ST - ZIP ~~NORTH MIAMI BEACH FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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)(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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH N. OKO

2-25-97

Date

954 764 0101

Daytime Phone #

CR2E034 (9/96)