

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:03

DOCUMENT # **K22104 (9)**
1. Corporation Name
METRO MAGAZINES SOUTHERN FLORIDA, INC.

Principal Place of Business Mailing Address
% EDWARD D. POPKIN
2499 GLADES RD, SUITE 114
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/25/1988** 3a. Date of Last Report **04/27/1994**

4. FEI Number **65-0062154** 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**

6. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1111 LINCOLN ROAD** 26 **4th FLOOR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **MIAMI BEACH, FL** 27 **1111 LINCOLN ROAD**
City & State City & State
23 **33139** 24 **DADE** 28 **MIAMI BEACH, FL**
City & State City & State
25 **33139** 29 **33139** 30 **DADE**
City & State City & State

9. Name and Address of Current Registered Agent
POPKIN, EDWARD D.
2499 GLADES RD
SUITE 114
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name **ROY MECHANIC**
82 Street Address (P.O. Box Number is Not Acceptable) **1111 LINCOLN ROAD**
83 **MIAMI BEACH**
84 City **MIAMI BEACH** 85 **FL** 86 Zip Code **33139**

11. Pursuant to the provisions of Sections 607.0506 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* **ROY MECHANIC** DATE **3/30/95**

12. OFFICERS AND DIRECTORS
TITLE **D**
NAME **FELDMAN, LESLIE J.**
STREET ADDRESS **1111 LINCOLN RD., 4TH FL**
CITY ST ZIP **MIAMI BCH. FL**
TITLE **DIRECTOR - PRESIDENT**
NAME **ROBERT M. ROTH**
STREET ADDRESS **1111 LINCOLN RD.**
CITY ST ZIP **MIAMI BEACH, FL 33139**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME **DELETE**
13 STREET ADDRESS
14 CITY ST ZIP
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **April 10, 1995 (305) 531-6300**