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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(6)

METRO PARK SOUTH, INC.

4316 TIDEWATER DRIVE ORLANDO FL 32812	4316 TIDEWATER DRIVE ORLANDO FL 32812-7852	
Principal Place of Business	Mailing Address	

FILED Sep 22 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address								
4316 TIDEWATER DRIVE ORLANDO FL 32612			4316 TIDEWATER DRIVE							
CHARACTE !		GINERAPO I E GAVIS EV				3. Date Incorporated or Qualified 09/29/1989		ate of Last F 01/1996	Report	
2. Principal P	lace of Business	2a. Mailing Address	28. Mailing Address 26			4. FEI Number 59-3140779			Applied For Not Applicable	
Suite, Apt. #, efc. 22 City & State 23		Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 City & State 28						\$8.75 Additional Fee Required	
		City & State				Election Campaign Financing Trust Fund Contribution		5.00 May Be		
Zip	Country	Zip	Col	untry		8. This corporation has liability fo			s. 199.032,	
24	25	29	30				Yes [
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New R	egistered	Agent		
TAI,	ABDUR RAZZAK			81	Name					
	S TIDEWATER			82	Street Add	ress (P.O. Box Number is Not Accepta	ible)			
OPL	ANDO FL 32812			<u></u>			<u> </u>			
•				83						
:				84	City			85 Zip	Code	
				L			FL			
SIGNATURE	Im familiar with, and accept the ob- Signature, lyined or profited name of registered		IOTE: Registere			ired when reinstaling) ADDITIONS/CHANGES TO OFF	DATE	DIDECTO	DC (N. 12	
12.	D	DELETE	13.	111.0		ADDITIONS/CHANGES TO OFF	CERS AND	Change	Additio	
NAME	TAI, RAZZAK	L. Other	1.2 N		•			Change	L.J Addition	
STREET ADDRESS	4316 TIDEWATER		1		ADDRESS					
CITY-ST-ZIP	ORLANDO FL			ITY-S						
TITLE	0.00.00	DELETE	211		11 - 211			Change	/ dditio	
NAME			221							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					ST - ZIP					
TATLE		DELFTE	3.1 T					Change	Additio	
NAME			3.2 N	IAME						
STREET ADDRESS			3.3 \$	TRÉE1	ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE		DELETE	4.1 T					Change	/\dditio	
NAME.			4.21	MAME						
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP			4.4 0	HTY-S	i - 7IP					
TITLE		DELETE	5.1 T	ITLE				Change	Addition Addition	
NAME			5.2 N]MAI			•			
STREET ADDRESS			5.3 S	TRECT	ADDRESS					
CITY-ST-ZIP			5.4 0	ITY-S	T-ZIP					
TITLE		DELETE	6.11					Change	Additio	
NAME			6.2 N	IAME						
STREET ADDRESS			6.3 S	TREET	ADDRESS					
CITY-ST-ZIP	j		640	ITY - S	T - 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 plock 12 if changed, or on an attachment with an address.