

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

**FILED**  
**May 19 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 # **L39548** (7)  
 1. Corporation Name  
**METRO OFFICE CENTER, INC.**



Principal Place of Business  
**1540 LATHAM ROAD**  
**W. PALM BEACH FL 33409**

Mailing Address  
**1540 LATHAM ROAD**  
**W. PALM BEACH FL 33409-5113**

3. Date Incorporated or Qualified  
**12/22/1989**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business  
 21 **4300 Catalfumo Way**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **4300 Catalfumo Way**  
 Suite, Apt. #, etc.

4. FEI Number  
**65-0164823**

Applied For  
 Not Applicable

22 City & State  
 23 **Palm Beach Gardens, FL**

27 City & State  
 28 **Palm Beach Gardens, FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24 **33410** 25 **U.S.A.**

29 **33410** 30 **U.S.A.**

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

9. Name and Address of Current Registered Agent  
**CATALFUMO, DANIEL S.**  
**1540 LATHAM ROAD**  
**W. PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**4300 Catalfumo Way**

83

84 City **Palm Beach Gardens FL** 85 Zip Code **33410**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>CATALFUMO, DANIEL S.</b>	
STREET ADDRESS	<b>1540 LATHAM ROAD</b>	
CITY- ST- ZIP	<b>W. PALM BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BERRIS, JEFFREY M.</b>	
STREET ADDRESS	<b>1540 LATHAM RD</b>	
CITY- ST- ZIP	<b>WEST PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>4300 Catalfumo Way</b>	
1.4 CITY- ST- ZIP	<b>Palm Beach Gardens, FL, 33410</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Daniel S. Catalfumo 4/23/97 604-3000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)