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 # L43863

(4)

METRO SERVICES, INC.

Principal Place	e of Business	Mailing Address							
2555 CONNERS STREET BRONX NY 10466		P.O.BOX 133 BRONX NY 10470-0133							
						3. Date Incorporated or Qualified 01/17/1990	1	e of Last R	eport
2. Principal Pl	lace of Business	2a. Maning Address				4. FEI Number			oplied For
21		26				59-3048292			ot Applicable
Suite, Apt	R OIC.	Suite Apt. # etc.				5. Certificate of Status Desired			Additional equired
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	T			Trust Fund Contribution		Added i	
Zip 24	Country 25	Zip				This corporation has liability for Florida Statutes	intangible t Yes		. 199.032,
24]	9, Name and Address of Curren	29 1 Registered Agent	30	1		10. Name and Address of New Re			
RUT	IGLIANO, CARLO			81	Name		<u></u>	<u> </u>	
713			82 Street Address (P.O. Box Number is Not Acceptable)			Jo)			
	TERSPRINGS FL 32708			82	Street Ac	adress (P.O. Box Number is Not Acceptate	не)		
****				83					
				84	City			85 Zip (Code
				54	Only		FL	65 2.(p)	Code
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation in the control of	of Florida. Such change was	authorize	d by	the corpo	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of on the appo	changing it intment as	s registered registered
SIGNATURE	Signatine type die protect name of registered age	or and title diapplication (NO)	TE Registere	d Age	nt signature re	quired when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOP	IS IN 12
TITLE	PRES	☐ D€LETE	1.1]	TLE				Change	Addition
NAME	RUTIGLIANO, CARLO		1.2 N	AME					
STREET ADDRESS	713 GOLFPOINT DRIVE		1.3 \$	TREET	ADDRESS				
CITT - S7 - 7IP	WINTERSPRINGS FL	☐ DELETE		ITY-S	T-ZIP			Change	Addition
TOUR		["] nerese	2.1 T					Change	f""] Modillost
NAME STREET ADDRESS			2.2 N		ADDRESS				
Cilit - S* - ZiP			1		SF-ZIP				
TITLE		DELETE	3.1 T		33.21	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Change	Addition
NAME			3.2 N				·		
STBEET ADDRESS			3.3 S	TREET	ADDRESS				
CRY-S1-ZiP			3.4. 0	OTY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 T	ITLE				Change	Addition
NAMŁ			4.21	AME					
STREET ADORESS			4.3 S	TREET	ADDRESS				
CITY-ST ZIP		Brieze		ITY - S	T- ZIP			06	4.220
TIME		L DELETE	5.1 (ı	∐ Change	Addition
MAME			5.2 N						
STEEF AD JRESS					ADDRESS				
OTTY- ST-2IF TOTAE		DELETE	5.4 C		T-ZIP			Change	Addition
NAME		Person	6.2 N						
STREET ADORESS					ADDRESS				
CITY- ST ZIF				ITY-S					
14. I do heret	by certify that the information supplie	d with this filing does not qual	lify for the	exe	mption sta	ted in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the
Lam an o	m indicated on this annual report or s flicer or director of the corporation or in Block 12 or Block 13 if changed, o	the receiver or trustee empor	wered to :	exec acci	rrate and the repart of the re	hat my signature shall have the same lega port as required by Chapter 607, Florida S	ii errect as Statutes; an	π made un d that my r	der oath; that name

SIGNATURE:

Caulo Lutigliaino
NATURE AND TYPEU OR PRINTED NAME OBJENNING OFFICER OR DIRECTOR

1-1497

Daytime Phone #

FILED

Feb 05 1997 8:00am

Secretary of State