

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

FILED
Mar 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
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DOCUMENT # **P36460** (4)
1. Corporation Name
ALL METRO AIDS OF FLORIDA, INC.



Principal Place of Business 4337 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319 US	Mailing Address 50 BROADWAY LYNBROOK NY 11563-2519
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1991	3a. Date of Last Report 10/24/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0293167		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHWARTZ, HOWARD 4337 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code	

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, GLENN	1.2 NAME	
STREET ADDRESS	50 BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LYNBROOK NY 11563	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, IRVING	2.2 NAME	
STREET ADDRESS	50 BROADWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYNBROOK NY 11563	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, HOWARD	3.2 NAME	
STREET ADDRESS	4337 NORTH STATE ROAD 7	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	3.4 CITY-ST-ZIP	
TITLE	TVP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIXEE, SCOTT	4.2 NAME	
STREET ADDRESS	50 BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNBROOK NY 11563	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, NORMA	5.2 NAME	
STREET ADDRESS	50 BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LYNBROOK NY 11563	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, unchanged, or on an addition with an address.

SIGNATURE _____ T. J. Edwards 3/19/97 (607) 299-1200

CR2E034 (9/96)