

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

FILED

Feb 18 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 # P38879

(3)

1. Corporation Name  
METRO PAINT & SUPPLY CO., INC.



Principal Place of Business  
429 WEST 53RD STREET  
NEW YORK NY 10019

Mailing Address  
429 WEST 53RD STREET  
NEW YORK NY 10019-5617

3. Date Incorporated or Qualified  
05/20/1992

3a. Date of Last Report  
06/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
13-2802394

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAHAN, GERALD	
STREET ADDRESS	71 SUSAN DRIVE	
CITY - ST - ZIP	NEW CITY NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KAZIMIR, LYNN	
STREET ADDRESS	140-35 BEECH AVE	
CITY - ST - ZIP	FLUSHING NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREENBERG, DANIEL	
STREET ADDRESS	130 BEACON HILL DRIVE	
CITY - ST - ZIP	METUCHEN NJ	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JACOBS, HAROLD	
STREET ADDRESS	5 SHERRILL COURT	
CITY - ST - ZIP	WHITE PLAINS NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENZINER, MICHAEL	
STREET ADDRESS	136 RALPH AVENUE	
CITY - ST - ZIP	WHITE PLAINS NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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:

*Lynn Kazimir*  
LYNN KAZIMIR

2/4/97

212  
757-6363

Date

Daytime Phone #

0004082

CR2E034 (9/96)