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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044001 (4)

1. Corporation Name

METRO DIVERSIFIED, INC.



Principal Place of Business

26 MARLWOOD LANE
PALM BEACH GARDENS FL 33418

Mailing Address

5015 SPEEDWAY DR.
FT. WAYNE IN 46825
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

GEIST, RANDALL R
26 MARLWOOD LANE
PALM BEACH GARDENS FL 33418

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

RANDALL R. GEIST

Signature typed or printed name of registered agent

(Date) Registered Agent Signature required when changing

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PO
TIBURZI, ROBERT T
455 CENTRAL PARK AVE
SCARSDALE NY 10583

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
RABINA, MAIDAD
455 CENTRAL PARK AVE
SCARSDALE NY 10583

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
GEIST, RANDALL R
26 MARLWOOD LANE
PALM BEACH GARDENS FL 33418

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
WALDA, JON L
5015 SPEEDWAY DRIVE
FT WAYNE IN 46825

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD
SHERK, GORDON G
5015 SPEEDWAY DRIVE
FT WAYNE IN 46825

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
WALDA, JON L
5015 SPEEDWAY DRIVE
FT WAYNE IN 46825

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

428-96

CR2E034 (12/95)