FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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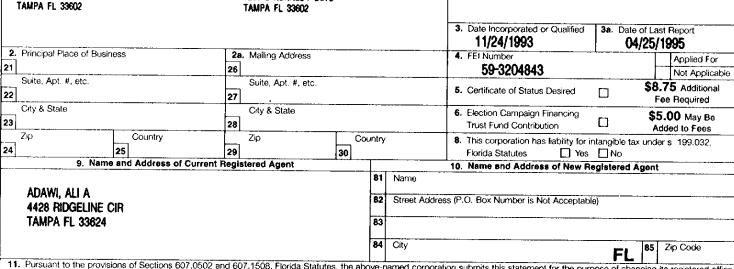
METRO	BP	INC.
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DOCUMENT #

Principal Place of Business 1239 E KENNEDY BLVD				
1239 E KENN				

Mailing Address

1239 E KENNEDY BLVD



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 607.0506, Florida Statutes.

SIGNATURE					
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature rec		DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIRE	PD DELE	TE 1.1 THTLE		Change	Addition
NAME	ADAWI, ALI A	1.2 NAME			
STREET ADDRESS	11324 PARTRIDGE DRIVE	1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL	1.4 CiTY - ST - ZIP			
TITLE	DELET	TE 2. 1 TITLE		☐ Change	Addition
NAME		2.2 NAME			_
STREET ADDRESS		2 3 STREET ADDRESS		•	
CITY - ST - ZIP		2 4 CITY-ST-ZIP			
TITLE	DELET	E 3 1 TITLE		Change	. Addition
NAME		3.2 NAME			_
STREET ADDRESS		3.3. STREET ADDRESS			
CI*Y+ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	☐ DELET			[] Change	Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			
THILE	DELET	E 5 1 TITLE		☐ Change	Addition
NAME		5 2 NAME			_
STREET ADDRESS		5 3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELET			[] Change	Addition
NAME		6.2 NAME			_
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - ST - ZIP		6.4 CITY - ST - ZIP			

Ido 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 district empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or an attrachment with appendices.

CEA ON DIREC

SIGNATURE: 9