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Apr 17 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 # P94000007946 (4)

1. Corporation Name
METFREN, INC.



Principal Place of Business

Mailing Address

MM39
RT-1 BOX 531
MARATHON FL 33050

MM39
RT-1 BOX 531
MARATHON FL 33050-9801

3. Date Incorporated or Qualified
01/24/1994

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 59061 Overseas Hwy
Suite, Apt. #, etc.

26 59061 Overseas Hwy
Suite, Apt. #, etc.

22 City & State
MARATHON FL

27 City & State
MARATHON FL

23 Zip Country
33050 MONROE

28 Zip Country
33050 MONROE

4. FEI Number

Applied For
Not Applicable

65-0469859

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

METCALFE, LYNN I
RT-1 BOX 531
MARATHON FL 33050

81 Name METCALFE, LYNN I.

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

59061 Overseas Hwy

83 City MARATHON

84 FL 85 Zip Code 33050

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 P
NAME METCALFE, LYNN I
STREET ADDRESS RT-1 BOX 531
CITY-STATE-ZIP MARATHON FL 33050

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 59061 Overseas Hwy
1.4 CITY-STATE-ZIP

TITLE V
NAME FRENCH, DEAN
STREET ADDRESS 1323 MT. HERMAN RD., SUITE 7B
CITY-STATE-ZIP SALISBURY MD 21803

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)