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

Mailing Address

4330 SOUTHWEST 82ND WAY

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

4330 SOUTHWEST B2ND WAY

Lam an officer or director of the appears in Block 12 or Block 13

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 26 1997 8:00am

Secretary of State

954 321-1000

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000007447 (1) DOCUMENT #

METRO REALTY SERVICES, INC.

DAVIE FL 33328 **DAVIE FL 33328-2975** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/24/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 26 Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\mathbf{Z}$ 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCDONOLIGH, RICHARD 4330 SOUTHWEST 82ND WAY Street Address (P.O. Box Number is Not Acceptable) **DAME FL 33328** 83 City 84 Zip Code 7.1508, Florida/Statutes, the above-named corporation submits this statement for the purpose of changing its registered a Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Section 60,0505, Florida Statutes. 11. Pursuant to the isions of Sections 607 office or regis agent. I am fa agent, or both, SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE 11 TITLE Change Addition TITLE RICHARD CR2E034 1.2 NAME NAME 4330 SW 82ND WAS 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST - ZIF Change Addition 2.1 TITLE THE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CITY -ST-7/P DELETE Addition 3.1 TITLE Change THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 4.1 TITLE TATLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-\$1-ZIP CHY-S\*-7P DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STHEET ADDRESS STREET ADDRESS CHY-ST-ZIP 5.4 CITY-ST-ZIP DELETE \_\_\_ Change Addition 6.1 TITLE TITLE 5.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP DITY-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 arrive report or supplemental annual leport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustile empoyared to execute this report as required by Chapter 607, Florida Statutes; and that my name