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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000044896 (4)**

1. Corporation Name
METRO MARKETING CONSULTANTS, INC.

Principal Place of Business	Mailing Address
687 ALDERMAN ROAD, SUITE 127 PALM HARBOR FL 34683	687 ALDERMAN ROAD, SUITE 127 PALM HARBOR FL 34683-2602

3. Date Incorporated or Qualified: 05/20/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 798 BELTED KINGFISHER DR.N.
22: Suite, Apt. #, etc.
23: City & State: PALM HARBOR, FL.
24: Zip: 34683
25: Country: USA

2a. Mailing Address
26: ~~SAME~~ 798 BELTED
27: Suite, Apt. #, etc. KINGFISHER DRIVE NORTH
28: City & State: PALM HARBOR, FL
29: Zip: 34683
30: Country: USA

4. FEI Number: 59-3389769 ☐ Applied For ☐ Not Applicable

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

KATZMAN, STEVEN J.
687 ALDERMAN ROAD
SUITE 127
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name: STEVEN J. KATZMAN
82 Street Address (P.O. Box Number is Not Acceptable): 798 BELTED KINGFISHER DR. N.
83:
84 City: PALM HARBOR FL 85 Zip Code: 34683

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: STEVEN KATZMAN (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 1/13/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☐ DELETE	1.1 TITLE	~~NOT WHITEHEAD~~	☒ Change ☒ Addition
NAME	KATZMAN, STEVEN J.		1.2 NAME		
STREET ADDRESS	~~687 ALDERMAN ROAD, SUITE 127~~		1.3 STREET ADDRESS	798 BELTED KINGFISHER DR. N.	
CITY-ST-ZIP	~~PALM HARBOR FL 34683~~		1.4 CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	KATZMAN, STEVEN J.		2.2 NAME		
STREET ADDRESS	~~687 ALDERMAN ROAD, SUITE 127~~		2.3 STREET ADDRESS	798 BELTED KINGFISHER DR. N.	
CITY-ST-ZIP	~~PALM HARBOR FL 34683~~		2.4 CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		☐ DELETE	3.1 TITLE	V. PRES.	☐ Change ☒ Addition
NAME			3.2 NAME	LORI WHITEHEAD	
STREET ADDRESS			3.3 STREET ADDRESS	798 BELTED KINGFISHER DR. N.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 REQUIRED STEVEN KATZMAN (813) 785-9678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #