

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

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P97000000697 (7)**

1. Corporation Name
METRO FINANCE, INC.



Principal Place of Business 118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714	Mailing Address 118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1997	
21		26		4. FEI Number 59-3427814	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country	29	30

8. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81	Name	BOWMAN JODY	
82	Street Address (P.O. Box Number is Not Acceptable)	8015 LANDGROVE COURT	
83			
84	City	ORLANDO	85 Zip Code 32819

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  **JODY BOWMAN** DATE **2/10/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	BOWMAN DARREN C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, DARREN C	1.2 NAME	4611 LARADO PLACE
STREET ADDRESS	118 WEST ORANGE STREET	1.3 STREET ADDRESS	ORLANDO FL 32812
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	BOWMAN JODY D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, JODY D	2.2 NAME	8015 LANDGROVE COURT
STREET ADDRESS	118 WEST ORANGE STREET	2.3 STREET ADDRESS	ORLANDO FL 32819
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:



107 859-0234

2/10/98

CR2E034 (10/97)