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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V05933

(9)

METROCORP CENTERS, INC.

## FILED Mar 28 1997 8:00am Secretary of State



incipal Plat	ce of Business	Mailing Address			BIBN DIBNI BIBNE NORM BIBNE BIBNI BIBNI BER
700-D NW 4 AINESVILLE	ISRD STREET FL 32606	2700-D NW 43RD STREET GAINESVILLE FL 32806-7445			
				3. Date Incorporated or Qualified 01/10/1992	3a. Date of Last Report 04/25/1996
Principa! I	Place of Business	2a. Mailing Address		4. FEI Number	Applied Fo
		26		59-3102337	Not Applic
Suite, Apt.	t. #. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additions
City & Sta	ile	City & State		6. Election Campaign Financing	\$5.00 May Be
,		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
	[25]	29	30		Yes No
	9. Name and Address of Curre	int Hegistered Agent	81 Name	10. Name and Address of New Reg	kstereo Agent
	ODOR, HOWARD				
	00-D NW 43RD STREET		82 Street Ad	ldress (P.O. Box Number is Not Acceptabl	e)
GA.	NINESVILLE FL 32806		83		
			84 City		FL 85 Zip Code
Purs ran'	I to the provisions of Sections 607.05	02 and 607 1508. Florida Stat	utes, the above-named co	orporation submits this statement for the piration's board of directors. I hereby accep	
BUTAME	Signature: typed or panted name of registered ag				
			OTE: Registered Agent signature rec		DATE FRS AND DIRECTORS IN 12
		gent and tilk-if applicable (NEND DIRECTORS DELETE	OTE: Registered Agent signature rec 13. 1.1 TITLE	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	
<u></u>	OFFICERS AF	ND DIRECTORS	13.		ERS AND DIRECTORS IN 12
+  -   E	OFFICERS AT  DP  HODOR, HOWARD	ND DIRECTORS	13. 1.1 TITLE		ERS AND DIRECTORS IN 12
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4. For hereby certify that the information suggetted with this filling does not quality for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplies 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 requirect entrusted empower to execute this report as required by Chapter 607, Florida Statutes; and that my name agrees in Block 13 if chapted or on an axis most with an arctires.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

James W. Shaw

3/20/97