

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **G61367** (0)
1. Corporation Name
METROPOLITAN GLASS SYSTEMS, INC.

Principal Place of Business	Mailing Address
5601 AIRPORT BLVD. TAMPA FL 33634 US	5601 AIRPORT BLVD. TAMPA FL 33634 US

3. Date Incorporated or Qualified 09/27/1983	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2338916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 Additional Fes Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 4901 Rio Vista Avenue Suite, Apt. #, etc.	26 4901 Rio Vista Avenue Suite, Apt. #, etc.
22 B-2 City & State	27 B-2 City & State
23 Tampa, FL Zip	28 Tampa, FL Zip
24 33634 Hillsborough	29 33634 Hillsborough

9. Name and Address of Current Registered Agent

WOODS, JAMES H
5601 AIRPORT BLVD
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name	WOODS, JAMES H
82 Street Address (P.O. Box Number is Not Acceptable)	4901 Rio Vista Avenue
83	B-2
84 City	Tampa
85 Zip Code	FL 33634

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOODS, JAMES H
STREET ADDRESS	17317 SOLIE ROAD
CITY - ST - ZIP	ODESSA, FL 00000
TITLE	V
NAME	WOODS, TIMOTHY H.
STREET ADDRESS	12510 FOREST HILLS DRIVE
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	WOODS, JAMES R.
STREET ADDRESS	5810 KUMQUAT CT
CITY - ST - ZIP	TAMPA FL
TITLE	T
NAME	WOODS, ROBERT G.
STREET ADDRESS	7804 COLLEY ROAD
CITY - ST - ZIP	ODESSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 local or foreign agent 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: _____ DATE: **April 24, 1995** (813) 886-5046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James H. Woods, President/Director