

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # G61367 (0)**

1. Corporation Name

**METROPOLITAN GLASS SYSTEMS, INC.**



Principal Place of Business

Mailing Address

**4901 RIO VISTA AVENUE  
B-2  
TAMPA FL 33634  
US**

**4901 RIO VISTA AVENUE  
B-2  
TAMPA FL 33634  
US**

3. Date Incorporated or Qualified

**09/27/1983**

3a. Date of Last Report

**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

**21 5115 W. Knox Street**

**26 5115 W. Knox Street**

4. FEI Number

**59-2338916**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

**23 Tampa, FL**

**28 Tampa, FL**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

**24 33634**

**25 US**

**29 33634**

**30 US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODS, JAMES H  
4901 RIO VISTA AVENUE  
B-2  
TAMPA FL 33634**

**81 Name  
WOODS, TIMOTHY H.**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**5115 W. Knox Street**

**83**

**84 City  
Tampa**

**FL**

**85 Zip Code  
33634**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

*Timothy H. Woods*

April 26, 1996

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

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Timothy H. Woods	
1.3 STREET ADDRESS	12510 Forest Hills Drive	
1.4 CITY-ST-ZIP	Tampa, FL 33612	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Woods, James R.	
2.3 STREET ADDRESS	5810 Kumquat Court	
2.4 CITY-ST-ZIP	Tampa, FL 33625	
3.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Woods, Robert G.	
3.3 STREET ADDRESS	7804 Colley Road	
3.4 CITY-ST-ZIP	Odessa, FL 33556	
4.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Woods, James H.	
4.3 STREET ADDRESS	17317 Solie Road	
4.4 CITY-ST-ZIP	Odessa, FL 33556	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(3)(k), 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:

*Timothy H. Woods*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1996

DATE

CR2E034 (12/95)