

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

**FILED**  
**Apr 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: **5115 W. KNOX STREET TAMPA FL 33634 US**  
 Mailing Address: **5515 W. KNOX STREET TAMPA FL 33634 US**

3. Date Incorporated or Qualified <b>09/27/1983</b>		3a. Date of Last Report <b>05/01/1996</b>	
2. Principal Place of Business <b>21 SAIE</b>	2a. Mailing Address <b>26 5115 W. Knox Street</b>	4. FEI Number <b>59-2338916</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WOODS, JAMES H 5115 W. KNOX STREET TAMPA FL 33634</b>		10. Name and Address of New Registered Agent <b>81 Name WOODS, TIMOTHY H. 82 Street Address (P.O. Box Number is Not Acceptable) 12510 Forest Hills Drive 83 84 City Tampa, FL 85 Zip Code 33612</b>	
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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, am familiar with, and accept the obligations of, Section 607.1505, Florida Statutes.

SIGNATURE: *Timothy H. Woods* DATE: **April 4, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODS, JAMES H</b>	1.2 NAME	
STREET ADDRESS	<b>17317 SOLIE ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODS, TIMOTHY H.</b>	2.2 NAME	
STREET ADDRESS	<b>12510 FOREST HILLS DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODS, JAMES R.</b>	3.2 NAME	
STREET ADDRESS	<b>5810 KUMQUAT CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOODS, ROBERT G.</b>	4.2 NAME	
STREET ADDRESS	<b>7804 COLLEY ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL</b>	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 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: *STENNA WOODS* DATE: **April 4, 1997** (912) 896 5066

CR2E034 (9/96)