

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90092 009 \*\*\*150.00

DOCUMENT # P94000020383

1. Corporation Name  
TM WINDOW & DOOR COMPANY



Principal Place of Business  
601 N.W. 12TH AVE.  
POMPANO BEACH FL 33069

Mailing Address  
601 N.W. 12TH AVE.  
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	03/15/1994	65-0520832	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year intangible	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	29	Personal Property Tax.		

9. Name and Address of Current Registered Agent

METZGER, MICHAEL J  
601 N.W. 12TH AVE.  
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, THOMAS J	1.2 NAME	
STREET ADDRESS	601 N.W. 12TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, THOMAS S	2.2 NAME	
STREET ADDRESS	601 N.W. 12TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, MICHAEL J	3.2 NAME	
STREET ADDRESS	601 N.W. 12TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZGER, STEVEN	4.2 NAME	
STREET ADDRESS	601 N.W. 12TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	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 person or persons 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Metzger 4-15-99 954-781-4430

Date

Daytime Phone #

CR2E034 (11/98)