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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADORESS

14. I do hereby certify that the in

SIGNATURE:

information indicated on this Lam an officer or director of appears in Block 12 or Blo



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State ...

DIVISION OF CORPORATIONS

## DOCUMENT # P94000020392 (4)

TM ARCHITECTURAL PRODUCTS, INC.

Principal Prace of Business Mailing Address 601 N.W. 12TH AVE. 601 N.W. 12TH AVE. POMPANO BEACH FL 33089 POMPANO BEACH FL 33069-2011 3. Date Incorporated or Qualified 3a. Date of Last Report 03/15/1994 01/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0520835 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country  $Z_{\rm ID}$ This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BATTISTA, PAUL J ESQ. % KELLY DRYE & WARREN Street Address (P.O. Box Number is Not Acceptable) 82 201 S. BISCAYNE BLVD., STE. 2400 83 **MIAMI FL 33069** City 84 Zip Code 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 typed to printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change Addition 1.1 TITLE Tille METZGER, THOAMS J 1.2 NAME NAME 601 N.W. 12TH AVE. 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 1.4 CiTY+ST-ZIP CITY \$1-73 DELETE Change Addition HILF 2.1 TITLE WALKER, EARL 2.2 NAME NAME 601 N.W. 12TH AVE. STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL 33069 2. 4 CITY - ST - ZIP CITY ST ZIF DELETE Change Addition TITLE 3.1 TITLE YOUNG, TYRONE A NAME 3.2 NAME 601 N.W. 12TH AVE. STREET ADDRESS 3.3 STREET ADDRESS POMPANO BEACH FL 33069 3.4. CITY - ST - ZIP CHY-51-218 DELETE Change Addition 4.1 TITLE TITLE SAUCEDA, RUBEN NAME 4. 2 NAME 601 N.W. 12TH AVE. 4.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 4.4 CITY-ST-ZIP COTY-S1-7/P DELETE Change Addition TIFLE 5.1 TITLE THOMAS, CURLEY 5.2 NAME HAME 601 N.W. 12TH AVE. STREET ADDRESS **53 STREET ADDRESS** POMPANO BEACH FL 33069 CHY+ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition THEF 6.1 TITLE

62 NAME

**63 STREET ADDRESS** 

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

Peport is true and accurate and that my signature shall have the same legal effect as if made under oath; that tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

64 CiTY-ST-ZIP

**FILED** May 13 1997 8:00am Secretary of State

