

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90194 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P94000020392

1. Corporation Name
TM ARCHITECTURAL PRODUCTS, INC.



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

3. Date Incorporated or Qualified
03/15/1994

4. FEI Number
65-0520835

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.050(1) 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. (NONE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	C METZGER, THOAMS J
STREET ADDRESS	601 N.W. 12TH AVE.
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	<input type="checkbox"/> DELETE
NAME	P WALKER, EARL
STREET ADDRESS	601 N.W. 12TH AVE.
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	<input type="checkbox"/> DELETE
NAME	V YOUNG, TYRONE A
STREET ADDRESS	601 N.W. 12TH AVE.
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	<input type="checkbox"/> DELETE
NAME	V SAUCEDA, RUBEN
STREET ADDRESS	601 N.W. 12TH AVE.
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	<input type="checkbox"/> DELETE
NAME	V THOMAS, CURLEY
STREET ADDRESS	601 N.W. 12TH AVE.
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	<input type="checkbox"/> DELETE
NAME	V METZGER, MICHAEL J
STREET ADDRESS	601 NW 12TH AVE
CITY-ST-ZIP	POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 change is or an attachment with an address, with all other like empowered

SIGNATURE: *Michael J. Metzger* 4-15-99 954-781-4430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)