

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

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**Apr 17 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000029005 (3)
Incorporation Name
ARCHITECTURAL METAL PRODUCTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
1315 ARMORY DRIVE NE PALM BAY FL 32907 US		1315 ARMORY DRIVE PALM BAY FL 32907 US	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 1315 ARMORY DR. NE		26 SAME		04/15/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		59-3235164	
3 PALM BAY FL.		28		Applied For	
City & State		City & State		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
4 32907		29 BREVARD		27	
Country		Country		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
26		29		7.50 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
27		30		8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAW FIRM OF LAWRENCE J. SPIEGEL, CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name			
				ROBERT E. REESE			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1315 ARMORY DR. N.E.			
				83			
				84 City			
				PALM BAY			
				85 State			
				FL			
				86 Zip Code			
				32907			

11. Pursuant to the provisions of Sections 607.007 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: *Robert E. Reese* ROBERT E. REESE PRES Robert Reese 4/4/98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) 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	REESE, ROBERT E	1.2 NAME	
STREET ADDRESS	2808 SOUTH HARBOR CITY BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32901	1.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, MARYANN	2.2 NAME	
STREET ADDRESS	1315 ARMORY DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL 32907	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: *Maryann Reese* MARYANN REESE 4/4/98

CR2E034 (10/97)