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

0353468

DOCUMENT # P96000061211

1. Corporation Name

TROPICAL ALUMINUM & SCREEN, INC.

Principal Place of Business	Mailing Address
3585 BOUTWELL ROAD BAY #1 LAKE WORTH FL 33461 US	3585 BOUTWELL ROAD BAY #1 LAKE WORTH FL 33461 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/19/1996

2. Principal Place of Business	21	2a. Mailing Address	26	4. FEI Number **65-0682523**	Applied For Not Applicable
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required.
City & State	23	City & State	28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip	Country	24	25	Zip	Country	28	30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TILLEY, MICHAEL R 2000 GLADES RD SUITE 208 BOCA RATON FL 33431	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 607.0502 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. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P	☐ DELETE	1.1 TITLE	P, D	☒ Change	☐ Addition
NAME BARDEN, CHARLES		1.2 NAME			
STREET ADDRESS 5140 ST JOHN AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP BOYNTON BEACH FL		1.4 CITY-ST-ZIP	33437		
TITLE	☐ DELETE	2.1 TITLE	VP, D	☐ Change	☒ Addition
NAME		2.2 NAME	BARDEN, STEVEN		
STREET ADDRESS		2.3 STREET ADDRESS	3632 NOREEN AVE		
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436		
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ 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, with all other like empowered.

SIGNATURE: _____ Charles G. Barden 3-5-99 561-582-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #