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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09 1997 8:00am
Secretary of State

DOCUMENT # 56566 (5) 1. Corporation Name 1. TWIN FENCE, CORP. Principal Place of Business Mailing Address 999 W. 28TH STREET 999 W. 28TH STREET						
HALEAH FL 33010		HIALEAH FL 33010-1234				
				3. Date Incorporated or Qualified 01/30/1978	3a. Date of Last 10/23/1996	Report
	iace of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apl	#, etc.	Suite, Apt #, etc.		59-1839652	60 75	Not Applicable Additional
2		27	<u></u>	Certificate of Status Desired		Required
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution		May Be I to Fees
: Zip	Country	Žip	Country	8. This corporation has liability for i	intangible tax under	**
4	25 9. Name and Address of C	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	30	10. Name and Address of New Re	Yes No	
080	AR, VALERA	and notice to the state of the	81 Name	is. Name and Address of Hotel Its	Biologo Afford	·
299	W. 28TH STREET		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
HIAL	EAH FL 33010		83	· · · · · · · · · · · · · · · · · · ·	· /	
			64 City		FL 85 Zig	Code
11. Pursuant office or r	to the provisions of Sections 60 emistered agent, or both, in the	7.0502 and 607.1508, Florida State State of Florida, Such change was	ites, the above-named co	rporation submits this statement for the p		its registered
	to the provisions of Sections 60 egistered agent, or both, in the in familiar with, and accept the		ules, the above-named con authorized by the corpora forida Statutes.	rporation submits this statement for the pation's board of directors. I hereby acceptions when reinstating		its registered s registered
SIGNATURE	Sugnative system or purpod many of registe OFFICE'R	ered agor Land Intell applicable (NC S AND DIRECTORS	TE: Registered Agent signature req		ourpose of changing of the appointment a DATE CERS AND DIRECTO	PRS IN 12
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14. I do 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 arr an efficer 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:

SAN LOCALIST OS SONING OFFICER OR DIRECTOR

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305-887 2934

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