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## 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

## DOCUMENT # P93000051580

1. Corporation Name

HENRY'S FENCE, INC.

Principal Place	e of Business	Mailing Address	Mailing Address			· ·
3931 SW 63 AVE		3931 SW 63 AVE. Miami FL 33155				
MIAMI FL 33155 US			US			DO NOT WRITE IN THIS SPACE
•		•				3. Date Incorporated or Qualifed 07/19/1993
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				65-0429361 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-5 Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State	<b>├</b> ¬ ′			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible  Personal Property Tax
24	25	29	30	_		Personal Property Tax. Yes INO  10. Name and Address of New Registered Agent
	9. Name and Address of C	urrent Registered Agent		81	Name	10. Halle and Address of New Registered Agent
VILLO	och, Henry			82		
3931 SW 63 AVE			!		Street A	ddress (P.O. Box Number is Not Acceptable)
	WI FL 33155			83		
				84	City	FI 85 Zip Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Stat	utes, the al	bove bove	-named corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the	obligations of, Section 607.0505, F	lorida Stati	utes.		, , , ,
SIGNATURE						juired when reinstating) DATE
12.	Signature, typed or printed name of register	S AND DIRECTORS	13.	Agen	i signature red	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS	☐ DELETE	1,1 TII	n.E		☐ Change ☐ Addition
NAME	VILLOCH, HENRY		1.2 NA	ME		
STREET ADDRESS	3931 SW 63 AVE.		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CF			
TITLE		☐ DELETE	2.1 11			☐ Change ☐ Addition
NAME			2.2 N	ME	- 1	
STREET ADDRESS			2.3 ST	REET	ADDRESS	
CITY-ST-ZIP			2.40	ITY-S	T-ZIP	
TITLE		☐ DELETE	3.1 TI	Π.E		☐ Change ☐ Addition
NAME			3.2 N	ME	1	
STREET ADDRESS			3.3 51	REET	ADDRESS	
CITY-ST-ZIP			3.4. C	ΠY-S	T-ZIP	
TITLE		☐ DELETE	4.1 Tf	TLE	- 1	Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET	ADDRESS	]
CITY-ST-ZIP			4.4 CI		r-ZIP	
TITLE		☐ DELETE	5.1 Tf		1	- Change Addition
NAME			5.2 NA			
STREET ADDRESS					ADDRESS	{
CITY-ST-ZIP			5.4 CI	TY-S	r-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 supplied 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 of the receiver or tracket ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or suppl officer or director of the corporation of Block 12 or Block 13 if changed, or bridge an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition