

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000024240 (1)**

1. Corporation Name

**FENCE OUTLET INC.**

Principal Place of Business

151 W. TAFT VINELAND ROAD  
ORLANDO FL 32824

Mailing Address

151 W. TAFT VINELAND ROAD  
ORLANDO FL 32824

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

County

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

County

4. FEI Number

59-3233090

Applied For

Not Applicable

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 has liability for intangible tax under § 109.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.  
4521 PGA BLVD., SUITE 211  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name **Grennan, Gerald C**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1836 Woodward Street**  
83 **Orlando, Florida 32803-4295**  
84 City **Orlando, Florida FL** 85 Zip Code **32803**

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

*Gerald Grennan*

**Gerald Grennan**

4-17-95

(Signature, typed or printed name of registered agent and title of agent)

(NOTE: Registered Agent signature required after registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATEL, RAJUL K
STREET ADDRESS	151 W. TAFT VINELAND ROAD
CITY - ST - ZIP	ORLANDO FL 32824
TITLE	D
NAME	PATEL, SEGAL P
STREET ADDRESS	151 W. TAFT VINELAND ROAD
CITY - ST - ZIP	ORLANDO FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patel, Rajul K	
1.3 STREET ADDRESS	10128 Stanton Court	
1.4 CITY - ST - ZIP	Orlando, Florida 32836	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Patel, Sejal P	(Note: Change
2.3 STREET ADDRESS	10128 Stanton Court	in Spelling
2.4 CITY - ST - ZIP	Orlando, FL 32836	of name)
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		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the exemption stated in Section 119.07(9)(b), 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 (whichever is applicable) as an attachment with an address.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**Rajul Patel**

4-17-95

407-851-6660

DATE

TELEPHONE #