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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 637245

1. Corporation Name
 REMOVA POOL FENCE COMPANY

Principal Place of Business: 34460 BERMONT ROAD, PO BOX 502-510592, PUNTA GORDA FL 33951-7592
 Mailing Address: P O BOX 510592, PO BOX 502-510592, PUNTA GORDA FL 33951-0592, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1979
 4. FEI Number: 59-1947576
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 P.O. Box 510592, Suite, Apt. #, etc. 22 PUNTA Gorda FL
 2a. Mailing Address: 26 P.O. Box 510592, Suite, Apt. #, etc. 27 PUNTA Gorda FL
 City & State: 23 PUNTA Gorda FL Country: 24 USA
 29 33951 30 USA

9. Name and Address of Current Registered Agent
 FISH, ROBERT E
 34460 BERMONT ROAD
 PUNTA GORDA FL 33951

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): 100003015311--7
 83 -10/14/99--01097--020
 ***558.75 ***558.75
 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

12. OFFICERS AND DIRECTORS
 TITLE: PTD DELETE
 NAME: FISH, ROBERT E
 STREET ADDRESS: 34460 BERMONT ROAD
 CITY-ST-ZIP: PUNTA GORDA FL
 TITLE: VSD DELETE
 NAME: FISH, PAULA M
 STREET ADDRESS: 34460 BERMONT ROAD
 CITY-ST-ZIP: PUNTA GORDA FL
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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: Paula M. Fish
 Date: 9/28/99
 Daytime Phone #: 941-639-0832

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