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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **697979** (3)
1. Corporation Name
FENCE WEAVE, INC.



Principal Place of Business 8764 NW 75 PLACE TAMARAC FL 33321 US	Mailing Address 8764 NW 75 PLACE TAMARAC FL 33321-2444 US
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3. Date Incorporated or Qualified 08/06/1981	3a. Date of Last Report 04/11/1996
4. FEI Number 59-2121024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. 1628 N W 38 Ave Suite, Apt. #, etc. 22. City & State 23. Lauderhill, FL Zip 24. 33311	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Broward Country 30. FL
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9. Name and Address of Current Registered Agent
**AVRON, FLORENCE
8764 NW 75 PL
TAMARAC FL 33321**

10. Name and Address of New Registered Agent
81. Name **AVRON, HAROLD**
82. Street Address (P.O. Box Number is Not Acceptable)
8764 N.W. 75 Place
83.
84. City **Tamarac** FL 85. Zip Code **33321**

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 *Harold Avron* **HAROLD AVRON** DATE *4/1/97*
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	TITLE	1.1 TITLE
NAME	1.2 NAME	NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP	CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	2.1 TITLE	TITLE	2.1 TITLE
NAME	2.2 NAME	NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS	STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP	CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE	TITLE	3.1 TITLE
NAME	3.2 NAME	NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS	STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP	CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE	TITLE	4.1 TITLE
NAME	4.2 NAME	NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS	STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE	TITLE	5.1 TITLE
NAME	5.2 NAME	NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS	STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP	CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE	TITLE	6.1 TITLE
NAME	6.2 NAME	NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP	CITY-ST-ZIP	6.4 CITY-ST-ZIP

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 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.

SIGNATURE: *Florence Avron* **FLORENCE AVRON** DATE *954-720-7077*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)