

FILE NOW: FILING FEE AFTER MAY 1 IS \$250.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morthe Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H77101 (4)**
1. Corporation Name
PRESTIGE FENCE, INC.



Principal Place of Business: **4477 CLAR CONA OCOEE RD. ORLANDO FL 32810**
Mailing Address: **4477 CLAR CONA OCOEE RD. ORLANDO FL 32810**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/20/1985	3a. Date of Last Report 03/28/1995
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2587559	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SANFORD, BRIAN J
2110 GENOVA DRIVE
SUITE 112
OVIEDO FL 32765**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
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: _____ (NOTE: Registered Agent Signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PST SANFORD, BRIAN	2. NAME	
STREET ADDRESS	2110 GENOVA DRIVE	13. STREET ADDRESS	
CITY-STATE-ZIP	OVIEDO FL	14. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2. NAME	
STREET ADDRESS		2.3. STREET ADDRESS	
CITY-STATE-ZIP		2.4. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2. NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-STATE-ZIP		3.4. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY-STATE-ZIP		4.4. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY-STATE-ZIP		5.4. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY-STATE-ZIP		6.4. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Brian J Sanford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN SANFORD 2-29-96 (407) 291-1101
Date Daytime Phone #

CR2E034 (12/95)