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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

J99667

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BHAN	ILEY FENCE, ING.						
Principal Place	of Business	Mailing Address			13001114 0116 46110 10140 01110 01		
Principal Place of Business 6223 BEECHMONT BLVD. ORLANDO FL 32808 US		1132 SYMONDS AVE PO BOX 948154 WINTER PARK FL 32789 US					
					3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995		
2. Principal Pla	ice of Business	2a. Mailing Address 26	F1			h	Applied For Not Applicable
Suite, Apt. #	r, etc.	Suite, Apl. #, etc.			5. Certificate of Status Desired Security Securi		
City & State		City & State 28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zipi 24]	Country 25	Ζφ 29	Countr 30	у	8. This corporation has liability for i Florida Statutes X Yes		199.032,
	Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	
			8	Name			
1132 S	r, charles d. Symonds ave		-	32 Street Address (P.O. Box Number is Not Acceptable)			
WINTE	R PARK FL 32789		8:			85 Z ₁	Code
				Oily		FL " "	, 0000
SIGNATURE -	PSTD	Caritie Langual (NC ND DIRECTORS	13.	ent signature required	o when reinstating) ADDITIONS/CHANGES TO OFF	CATE ICERS AND DIRECTO	PRS IN 12
NAME STREET ADDRESS	Bramley, Kenneth E. 6223 Beechmont Blvd. Orlando Fl			1 ADDRESS			
City - \$1 - ZiP 1 TLE NAME	OIISANDO I L	DELETE	1.4 CITY- 2 1 TITLE 2 2 NAME			Change	☐ Addition
STREET ADDRESS			23 STRE	ST-ZIP			
TILE NAM: STREET ADDRESS		☐ DEFELE	3 1 TITLE 32 NAME 33 STRE			Change	☐ Addition
CHY-S*-7(P) TITLE		☐ DELETE	3.4 CITY- 4. 1 TIBLE			☐ Change	Addition
NAME STHEET ADDRESS : CHY ST ZIP			4.2 NAME 4.3 STREE 4.4 CITY	FT ADDRESS			
TILLE NAME STREET ADDRESS		☐ DELETE	5 1 TITLI 5 2 NAMI			☐ Change	☐ Addition
COY ST-ZIP THELE NAME		DELETE	5.4 CITY: 6.1 TIFL! 6.2 NAM!			☐ Change	☐ Addition
SUREET ADORESS CITY-ST-ZIP			6 3 STRE 6 4 City	ET ADDRESS -ST-ZIP			
certify that eath, that I	the information indicated on this an	nual report or supplemental and poration or the receiver or truste	nual report is t se empowered	rue and accura	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, Fi	same legal effect as if	made under

SIGNATURE: X SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR 3-3-96 (407)293-4206

Dayloring Displaces On Director Designing Officer on Director Designing Displaces Designing De