## 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 #** 

M37797

(1)

## BUDGET FENCE COMPANY OF WEST PALM BEACH

rincipal Place of Business		Mailing Address		
1156 S. MILITARY TRAIL W. PALM BEACH FL 33415	1.4	1156 S. MILITARY TRAIL W. PALM BEACH FL 33415		
	ŧ			
2. Principal Place of Business		2a. Mailing Address		
1		26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
2		27		
City & State		City & State		
		[0]		

**FILED** Apr 22 1996 8:00 am Secretary of State



3. 1						3. Date Incorporated or Qualified 3a. Date of Last Report 09/03/1986 04/17/1995					
2. Principal Place of Business 2a. Mailing Address						09/03/1986 4. FEI Number		<u>// (/)</u>			
21	ice of Dualitiess		26. Ivialing Address				59-2713883		-	Applied For	
Suite, Apt. #	₹, etc.		Suite, Apt. #, etc.						60.	Not Applicable	
22			27				5. Certificate of Status Desired			75 Additional e Required	
City & State City & State 28							Election Campaign Financing     Trust Fund Contribution			.00 May Be	
Zip	Cor	intry	Zip Cou				Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s 199.032,				
24				30	iti y		Florida Statutes 11 Yes	intangible ta:	k under	s 199.032,	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				1	B1]	Name					
OGOREK, JAMES J					B2	Street Addres	ss (P.O. Box Number is Not Acceptal	hle)			
1156 S. MILITARY TR.						0.10007.00100					
W. PALM BCH. FL 33415					B3		" "" " " " " " " " " " " " " " " " " "				
				1	В4	City		FL	85	Zip Code	
11. Pursuant to	o the provisions of Se	ections 607.0502 ar	nd 607.1508, Florida Sta	tutes, the above	—L e∙n	named corporat	ion submits this statement for the nu	rnoon of obo	1L	s registered office	
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.											
	n, and accept the oc	iligations of, Section	1007.0505, Florida Statu	tes.							
SIGNATURE _	Signature, typed or printed na	ame of registered agent and	title 4 epolicable	(NOTE: Registered A	ioent	l signature required w	then reinstating	DATE			
12.		OFFIÇERS AND E		13.			ADDITIONS/CHANGES TO OFF		DIBEC	TORS IN 12	
TITLE	PT		☐ DELETE	1. 1 111	LE.				Chang		
NAME	OGOREK, JAM	ES J		1.2 NAM	AE.	1		_			
STREET ADDRESS	1156 S. MILITA					ADDRESS					
CITY-ST-ZIP	W. PALM BEAC			1.4 CITY							
TITLE	VS		DELETE	2 17171		7-211			] Chang	e Addition	
NAME	SPRINKEL, JOH	HN W		2.2 NAM					j Uniding	TIOSHION	
AARA O LANITADIA TOLIII						ADDRESS					
CITY+ST-ZIP	W. PALM BEAC			2.4 CHTY	,						
TITLE			T DELETE	3 1 TITO		1720			Change	e Addition	
NAME	·			3 2 NAM				<u> </u>	1 Onlang	7.00 (101)	
STREET ADDRESS						ADDRESS				1	
CITY-ST-ZIP				3 4 CITY						li di	
TITLE			4.1 TITL		- 411			) Chang	e		
NAMÉ				4.2 NAM				L_	, when y		
STREET ADDRESS				4		ADDRESS					
CITY-ST-ZIP				4.4 CITY						Ì	
1)TLE			DELETE	5. 1 717a				Г	Change	e Addition	
NAME			_	5.2 NAM					,9		
STREET ADDRESS		•		1		ADORESS					
CITY - ST - ZIP				5.4 CITY							
TITLE			☐ DELETE	6 1 TITL	_			<u></u>	Change	Addition	
NAME			<del></del>	62 NAM				_			
STREET ADDRESS						ADDRESS					
CITY - ST - ZIP				6.4 CITY		1					
	certify that the inforr	nation supplied with	this filing is voluntarily for	urnished and do	oes	not qualify for	the exemption stated in Section 119.	07/3\/(k) Flori	da Stat	utes I further	

certify that the information indicated on this annual report or supplemental and all 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 truebe 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 oddress.

NING OFFICER OR DIRECTOR

4-16-96 407-965-9664