NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name (5)**COMET FENCE CORPORATION** Principal Place of Business Mailing Address 1341 N.W. 13 AVE 1341 N.W. 13 AVE POMPANO BEACH FL 33069 POMPANO BEACH FL 33089 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0052183 Not Applicable 21 26 Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζιρ Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HANSON, PETER R. 1341 N.W. 13 AVE 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 83 84 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 reinstating) Signature, typed or ponted name of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE Addition TITLE 1.1 TITLE Change FRANCIS WOODBURN NAME HANSON, PETER R. 1.2 NAME 1341 N.W. 13 AVE 4707 NW 58 ST. STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FI TAMARAC, FL. CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ■ Addition

6.2 NAME

14. Thereby 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 copyrightion or the receiver or fursite 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 in on an allachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4/28/98

954-975-6401