


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000061963 (3)**  
1. Corporation Name  
**LIFESAVER FENCES, INC.**



Principal Place of Business <b>21050 ESCONDIDO WAY NORTH BOCA RATON FL 33433 US</b>	Mailing Address <b>21050 ESCONDIDO WAY NORTH BOCA RATON FL 33433-2517 US</b>
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3. Date Incorporated or Qualified <b>09/03/1993</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>65-0438520</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

9. Name and Address of Current Registered Agent  
**BLOSFELDS, IVAR V  
805 NW 21ST WAY  
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**21050 ESCONDIDO WAY N**  
83  
84 City **BOCA RATON** FL 85 Zip Code **33433**

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: *[Signature]* DATE: **4-7-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLOSFELDS, IVAR V</b>		1.2 NAME <b>BLOSFELDS, IVAR V.</b>	
STREET ADDRESS <b>805 NW 21ST WAY</b>		1.3 STREET ADDRESS <b>21050 ESCONDIDO WAY N.</b>	
CITY - ST - ZIP <b>DELRAY BEACH FL 33445</b>		1.4 CITY - ST - ZIP <b>BOCA RATON, FL 33433</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLOSFELDS, GAIL</b>		2.2 NAME <b>BLOSFELDS, GAIL</b>	
STREET ADDRESS <b>805 NW 21ST WAY</b>		2.3 STREET ADDRESS <b>21050 ESCONDIDO WAY N.</b>	
CITY - ST - ZIP <b>DELRAY BCH. FL</b>		2.4 CITY - ST - ZIP <b>BOCA RATON, FL 33433</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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: *[Signature]* DATE: **4-7-97** DAYTIME PHONE #: **561-482-7769**

CR2E034 (9/96)