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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077844 (7)

FENCE DEPOT OF SOUTH FLORIDA, INC.

FILED Apr 28 1997 8:00am Secretary of State



Solida No. 74 AVE Mail Ft. 3316-3828 US	Principal Plas	e of Business	Mail	Mailing Address							
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9, Name and Address of Current Registered Agent TORRES, ROLANDO 4820 W. 2ND LANE HIALEAH FL 33012 80 61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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. The shade of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. The shade with a micro registered agent to the floridation of Socion 607 0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. The purpose of changing its registered agent. The purpose of chang					_	,					
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12.	ľ	•									
TORRES, ROLANDO	SIGNATONI	Signature typed or protest name of re	gestured agent and title it i	applicable (NC	TE: Registered	Ager	nt signature requir				
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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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

4/2/97

(305) 597-1503

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