SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000045781 (9)

1. Corporation Name
ALL SAFE & SECURE POOL FENCE CO.

Principal Place of Business	Mailing Address
10795 NW 53 ST #205 SUNRISE FL 33351	10795 NW 53 ST #205 SUNRISE FL 33351

3. Date Incorporated or Qualified: 06/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10567 NW 53 St.	26 10567 NW 53 st
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Sunrise Fl	City & State 28 Sunrise Fl
Zip 24 33351 Country 25 US	Zip 29 33351 Country 30 US

4. FEI Number: 65-0500625 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. [illegible] ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOSEPH, HEDY 10795 NW 53 ST #205 SUNRISE FL 33351	81 Name: Joseph, Hedy 82 Street Address (P.O. Box Number is Not Acceptable): 10567 NW 53 St 83 84 City: Sunrise FL 85 Zip Code: 33351

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 ______________________ DATE ______

12. OFFICERS AND DIRECTORS		13.			
TITLE	PTD	11 TITLE	PTD	☑ Change	☐ Addition
NAME	JOSEPH, HEDY	12 NAME	Joseph, Hedy		
STREET ADDRESS	10795 NW 53 ST #205	13 STREET ADDRESS	10567 NW 53 St		
CITY ST ZIP	SUNRISE FL 33351	14 CITY ST ZIP	Sunrise Fl 33351		
TITLE	VSD	21 TITLE	VSD	☑ Change	☐ Addition
NAME	JOSEPH, DAWN	22 NAME	Joseph, Dawn		
STREET ADDRESS	10795 NW 53 ST #205	23 STREET ADDRESS	10567 NW 53 ST		
CITY ST ZIP	SUNRISE FL 33351	24 CITY ST ZIP	Sunrise Fl 33351		
TITLE		31 TITLE		☐ Change	☐ Addition
NAME		32 NAME			
STREET ADDRESS		33 STREET ADDRESS			
CITY ST ZIP		34 CITY ST ZIP			
TITLE		41 TITLE		☐ Change	☐ Addition
NAME		42 NAME			
STREET ADDRESS		43 STREET ADDRESS			
CITY ST ZIP		44 CITY ST ZIP			
TITLE		51 TITLE		☐ Change	☐ Addition
NAME		52 NAME			
STREET ADDRESS		53 STREET ADDRESS			
CITY ST ZIP		54 CITY ST ZIP			
TITLE		61 TITLE		☐ Change	☐ Addition
NAME		62 NAME			
STREET ADDRESS		63 STREET ADDRESS			
CITY ST ZIP		64 CITY ST ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dawn Joseph — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/95 Date (305) 572-4640 Daytime Phone #

CR2E034 (3/95)

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