

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

GOVERNOR

DEPARTMENT OF REVENUE

1999

DOCUMENT # P 95000 030280 ✓

BONAVENTURA FENCE COMPANY INC

8995 NW 21 COURT
CORAL SPRINGS, FLORIDA 33071

2. Principal Place of Business

21 SAME

22 Date of Report

23 City & State

24 Zip

Country

25 Major Address

26 8995 NW 21 ST CT

27 Coral Springs, FL

28 33071

Country

9. Name and Address of Current Registered Agent

MICHAEL BONAVENTURA
8995 NW 21 COURT
CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/95 4/13/95

4. F.E.I. Number

65-0577612

Applicable
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, the undersigned, being duly sworn, depose and say that the above named corporation submits this statement for the purpose of changing its registered agent and office of principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and office of principal place of business of the corporation.

SIGNATURE: *Michael Bonaventura*

12. OFFICERS AND DIRECTORS

MICHAEL BONAVENTURA
8995 NW 21 COURT
CORAL SPRINGS, FL 33071

OFFICE

OFFICE

OFFICE

OFFICE

OFFICE

OFFICE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. NAME

15. STREET ADDRESS

16. CITY & STATE

17. ZIP

18. NAME

19. STREET ADDRESS

20. CITY & STATE

21. ZIP

22. NAME

23. STREET ADDRESS

24. CITY & STATE

25. ZIP

26. NAME

27. STREET ADDRESS

28. CITY & STATE

29. ZIP

30. NAME

31. STREET ADDRESS

32. CITY & STATE

33. ZIP

34. NAME

35. STREET ADDRESS

36. CITY & STATE

37. ZIP

38. NAME

39. STREET ADDRESS

40. CITY & STATE

41. ZIP

42. NAME

43. STREET ADDRESS

44. CITY & STATE

45. ZIP

I hereby certify that the information supplied with this filing is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or director of the corporation who authorized this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report or on an attachment to this report with authority empowered.

SIGNATURE:

Michael Bonaventura

SIGNATURE AND PRINTED NAME OF REGISTERED AGENT

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