

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90258 030 \*\*\*150.00

0155086

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000088979**

1. Corporation Name  
**POMPANO FENCE SYSTEMS, INC.**



Principal Place of Business 900 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060	Mailing Address 900 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 506 NE 10th Avenue	26 506 NE 10th Avenue			10/29/1996	
Sui. Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0704943	
22		27		5. Certificate of Status Desired <input type="checkbox"/>	
City & State		City & State		Applied For	
23 Pompano Beach FL		28 Pompano Beach FL		Not Applicable	
Zip 33060		Zip 33060-6436		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country USA		Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICHARDS, HELENE 900 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060				81 Name: RICHARDS, CHRISTOPHER			
				82 Street Address (P.O. Box Number is Not Acceptable): 506 NE 10th Avenue			
				83			
				84 City: Pompano Beach FL 85 Zip Code: 33060-6436			

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) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	PVPSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, CHRISTOPHER T	1.2 NAME	RICHARDS, CHRISTOPHER T
STREET ADDRESS	900 SOUTH CYPRESS ROAD	1.3 STREET ADDRESS	506 NE 10th Avenue
CITY-ST-ZIP	POMPANO BEACH FL 33060	1.4 CITY-ST-ZIP	Pompano Beach, FL 33060-6436
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, HELENE	2.2 NAME	
STREET ADDRESS	900 S. CYPRESS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	2.4 CITY-ST-ZIP	
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 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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)