

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1996

4. FEI Number  
65-0704943

Applied For  
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

2. Principal Place of Business

21 506 NE 10th AVENUE

2a. Mailing Address

26 506 NE 10th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pompano Beach FL

City & State

28 Pompano Beach FL

Zip

24 33060

Country

25 USA

Zip

29 33060-6436

Country

30 USA

9. Name and Address of Current Registered Agent

RICHARDS, HELENE  
900 SOUTH CYPRESS ROAD  
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME RICHARDS, CHRISTOPHER T  
STREET ADDRESS 900 SOUTH CYPRESS ROAD  
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ DELETE

TITLE VP  
NAME RICHARDS, HELENE  
STREET ADDRESS 900 S. CYPRESS RD.  
CITY-ST-ZIP POMPANO BEACH FL 33060

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVPSTP  
1.2 NAME RICHARDS, CHRISTOPHER T  
1.3 STREET ADDRESS 506 NE 10th AVENUE  
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33060-6436

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0155086