


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

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P97000030206 (1)</b> 1. Corporation Name <b>QUALITY FENCE CONTRACTORS INC.</b>		



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2062 SE WEST DUNBROOKE CIRCLE PORT ST. LUCIE FL 34952</b>	Mailing Address <b>2062 SE WEST DUNBROOKE CIRCLE PORT ST. LUCIE FL 34952</b>
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2. Principal Place of Business 21 <b>2108 SE WALTON LAKES DR.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2108 SE WALTON LAKES DR.</b> Suite, Apt. #, etc.
22 <b>Port St. Lucie FL</b> City & State	27 <b>Port St. Lucie FL</b> City & State
23 <b>34952 ST. Lucie</b> Zip Country	28 <b>34952 ST. Lucie</b> Zip Country
24	25
29	30

3. Date Incorporated or Qualified <b>04/02/1997</b>	
4. FEI Number <b>65-0742156</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KIERSTEAD, JAMES J 2062 SE WEST DUNBROOKE CIRCLE PORT ST. LUCIE FL 34952</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>JAMES J Kierstead</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 <b>2108 SE WALTON LAKES DR.</b>	
84 City <b>Port St. Lucie</b>	85 Zip Code <b>FL 34952</b>

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 *James J. Kierstead* **James J. Kierstead** DATE **1-12-98**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>James J Kierstead PRESIDENT 2108 SE WALTON LAKES DR PORT ST LUCIE FL 34952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *James J. Kierstead* **1-12-98**

CR2E034 (10/97)