## **PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT #

| <ol> <li>Corporation</li> </ol>  | ORD FENCE CONTRACTORS   |  |  |   |   |
|--|---|--|--|---|---|
| Principal Place  | of Business   | Mailing Address  |  | E BERTARR, sen ibent deute marte marte marte mar-   | 2 DITAL WILL 19:18 6:410 1-51 1004  |
| 2186 NORTHEAST 59TH COURT FT LAUDERDALE FL 33308  2186 NORTHEAST 59TH COURT FT LAUDERDALE FL 33308   |   |  |  |   |   |
| ,  |   |  |  | DO NOT WRITE IN THI   | IS SPACE  |
|  |   |  |  | 3. Date Incorporated or Qualified. 05/15/1998   |   |
| 2. Principal Pl  | ace of Business   | 2a. Mailing Address  |  | 4. FEI Number   | Applied For   |
| 21   |   | 26   |  | 65-0836515  | Not Applicable  |
| Suite, Apt. :  | #, etc.   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired ·  | \$8.75 Additional Fee Required  |
| City & State   | e   | City & State   |  | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees  |
| Zip  | Country   | Zip Zip  | Country  | 8. This corporation owes the current year I   | ntangible   |
| 24   |   | = 29   | 30   | Personal Property Tex.  | No  |
|  | g, Name and Address of Current  |  |  | 10. Name and Address of New Registers   | d Agent   |
| AMERILAWYER 343 ALMERIA AVENUE   |   |  |  | ell w Crawford ress (P.O. Box Number is Not Acceptable) 6 NE 59 Court                               |   |
| COR  | AL GABLES FL 33134  |  | 83   | O N C J I LOGI.   |   |
| }  |   |  |  |   | 85 Zip Code   |
|  |   | λ  | 84 GHY   | auderdale Fl  | L 333308  |
| 11. Pursuant i   | to the provisions of Sections 607.0502 egistered agent, or both, in the State of  | and 607/1508, Florida Statute<br>of Florida Such change was au | s, the above-named corp<br>thorized by the corporation   | oration submits this statement for the purpose on's board of directors. I hereby accept the appoint | of changing its registered<br>ointment as registered  |
| agent. La  | ta tamiliar with, and accept the obligati   | gins of, Section 607.0505, Flori                               | ga Statules.   |   | Ţ.  |
| SIGNATURE  | Janua Wall  | word   |  |   |   |
| SIGNATURE  | Signature, typed or printed name of registered agent  | and title/if applicable. (NOTE.                                | Registered Agent signature require   | d when reinstating) DATE  |   |
| 12.  | Signature, typed or printed name of registered agent OFFICERS AND   | and gray's application. (NOTE.                                 | Registered Agent signature require 13.   |   |   |
| 12.  | Signature, typed or printed name of registered again OFFICERS AND   | and title/if applicable. (NOTE.                                | 13. 1.1 TRLE   | d when reinstating) DATE  |   |
| 12.  | Signapide. Your or printed name of registered agent OFFICERS AND PSTD CRAWFORD, JARRELL W   | and grayd application. (NOTE.  DELETE                          | Registered Agent signature require  13. 1.1 TTLE 1.2 NAME  | d when reinstating) DATE  |   |
| 12. TITLE NAME STREET ADDRESS  | Signaphi. Yead or printed name of registered agent OFFICERS AND PSTD CRAWFORD, JARRELL W 2186 NORTHEAST 59TH COUR                           | and grayd application. (NOTE.  DELETE                          | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS  | d when reinstating) DATE  |   |
| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | Signapide. Your or printed name of registered agent OFFICERS AND PSTD CRAWFORD, JARRELL W   | and grayd application. (NOTE.  DELETE                          | Registered Agent signature require  13. 1.1 TTLE 1.2 NAME  | d when reinstating) DATE  | AND DIRECTORS IN 12   |
| 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Signaphi. Yead or printed name of registered agent OFFICERS AND PSTD CRAWFORD, JARRELL W 2186 NORTHEAST 59TH COUR                           | DOURECTORS DELETE  | 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP  | d when reinstating) DATE  | AND DIRECTORS IN 12 Change Addition   |
| 12. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | Signaphi. Yead or printed name of registered agent OFFICERS AND PSTD CRAWFORD, JARRELL W 2186 NORTHEAST 59TH COUR                           | DOURECTORS DELETE  | 13. 1.7 TILE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZP 2.1 TILE  | d when reinstating) DATE  | AND DIRECTORS IN 12 Change Addition   |
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the coporation 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.

64 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90241 012 \*\*\*150.00