


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90142 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000083774

1. Corporation Name
EMPIRE FENCE OF ORLANDO, INC.



Principal Place of Business 4477 CLARCONA-OCOEE RD ORLANDO FL 32810	Mailing Address 4477 CLARCONA-OCOEE RD ORLANDO FL 32810
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/28/1998	
2. Principal Place of Business 21 4477 CLARCONA-OCOEE	2a. Mailing Address 26 4477 CLARCONA-OCOEE
4. FEI Number 59-3535147	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State ORLANDO, FL	28 City & State ORLANDO, FL
24 Zip 32810	25 Country ORANGE
29 Zip 32810	30 Country ORANGE

9. Name and Address of Current Registered Agent

**MARTIN, DEBORAH M
4035 GILDER ROSE PL
WINTER PARK FL 32792**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R. MARTIN	1.2 NAME	
STREET ADDRESS	4035 GILDER ROSE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32810	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT/SECRETARY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH M. MARTIN	2.2 NAME	
STREET ADDRESS	4035 GILDER ROSE PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32810	2.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH F. LABONTE	3.2 NAME	
STREET ADDRESS	4035 GILDER ROSE PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32810	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.

CR2E034 (11/98)