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

DOCUMENT # \$30683

ACE KING OF FENCES, INC.

Principal Place of Business Mailing Address								611 A1911 91311	01911 B1911 EQUI
2186 NE 59TH		2186 NE 59TH COURT	36 NE 59TH COURT			,			•
FT. LAUDERDAL		FT. LAUDERDALE FL 33308				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualife		SPACE	
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- 0: : : : : : :	L C. Duning	2a. Mailing Address				02/08/1991 4. FEI Number		1 1	oplied For
-	lace of Business	H-1				65-0243694			ot Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.				03 0243034			Additional
22	#, 6 10.	27				5. Certifcate of Status Desired		+	equired
City & State	 	City & State				6. Election Campaign Financin	a _	\$5.00	May Be
23	_	28				Trust Fund Contribution	a 🗆 .		to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the co	urrent year Inta	angible	
24	25	29	30			Personal Property Tax.	•	Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of Nev	v Registered	Agent	
			ĺ	81	Name				
	WFORD, JARRELL W.		F	82	Street Address	ss (P.O. Box Number is Not Acce	ntable)		
2186 NW 59TH COURT				٠.	Otteet Addres	as (F.O. DOX (MINIST IS THE FACE)	, , , , , , , , , , , , , , , , , , ,	وريا العثيد	
FT. L	LAUDERDALE FL 33308			83					191 E 121
			-	84	City	121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.912	85 Zip	Códe
				•	City		FL	B3 Z P	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	authorized.	hv th	-named corpor he corporation	ration submits this statement for the board of directors. I hereby acc	ne purpose of cept the appoir	changing its ntment as re	registered egistered
	Signature, typed or printed name of registered ager		E: Registered	Agent :	signature required v	when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		signature required v	when reinstating)			
	OFFICERS AN				signature required v			D DIRECTO	ORS IN 12
12.	OFFICERS AN D CRAWFORD, JARRELL W.	ID DIRECTORS	13.	LE	signature required v				
12. TITLE	OFFICERS AN D CRAWFORD, JARRELL W. 2186 NE 59TH COURT	ID DIRECTORS	13. 1.1 T/III 1.2 NAJ	LE ME	signature required v				
12. TITLE NAME	OFFICERS AN D CRAWFORD, JARRELL W.	ID DIRECTORS	13. 1.1 T/III 1.2 NAJ	LE ME REET A	ADDRESS			☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AN D CRAWFORD, JARRELL W. 2186 NE 59TH COURT	ID DIRECTORS	13. 1.1 T/III 1.2 NA/ 1.3 STF	LE ME REET A Y-ST-	ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D CRAWFORD, JARRELL W. 2186 NE 59TH COURT	ID DIRECTORS	13. 1.1 T/TI 1.2 NA/ 1.3 STF 1.4 C/T	LE ME REET A Y-ST- LE	ADDRESS			☐ 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 supplemental annual report is five 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 appears, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NING OFFICER OR DIRECTOR

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90070 035 ***150.00