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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name V28501 (7)

FENCOVE FLORIDA, INC.

FILED	
Feb 02 1998 8:00ar	r
Secretary of State	

Principal Place of Business Mailing Address					* LANDIA MILIOLO LIBER INTEL MITTI MUND FINIT BINDE MINEL NITHER						
238 S.W. 1ST ST. F-7 POMPANO BEACH FL 33062	P.O. BOX 970 6 COVE RD. FENELON FALLS. ONT				DO NOT WRITE IN THIS SPACE						
US					3. Date Incorporated 04/10/1992	for Qualified					
2. Principal Place of Business	pat Place of Business 2a. Mailing Address				4. FEI Number			Applied For			
a	26				65-0335842	!	Not Applicab				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Statu	is Desired	Ŋ.	\$8.75 Additional Fee Required			
City & State	City & State City & State				6. Election Campaig Trust Fund Contrib	•		\$5.00 May Be Added to Fees			
Zip Country	Zip Country 30				8. This corporation dwes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
EDWARDS, RICHARD 238 S.W. 1ST. STREET STE F-7 STE F-7			81	Name		ı					
			82	Street Addre	ress (P.O. Box Number is Not Acceptable)						
POMPANO BEACH FL 33062			83								
				City		L.	FL	85 Zip Code			
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am lamiliar with, and accept the oblig 	J2 and 607.1508, Florida Stat of Fiorida. Such change wa pations of, Section 607.0505,	tutes, the at s authorized Florida Stat	oove d by utes	named corporation	oration submits this state on's board of directors. I	ment for the p hereby accer	urpose of the app	changing its registered ointment as registered			

agent. I a	m familiar with, and accept the obligations of, Se	otion 607.0505, Flor	ida Statutes.				
SIGNATURE	Signature, typed or orthied name of registered agent and little if app	licable. (NOTE.	Registered Agent signature regula	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTOR		13.		S TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	DP	DELETE	1.1 TITLE			Change	Addition
NAME	EDWARDS, RICHARD		1.2 NAME	I			
STREET ADDRESS	238 S.W. 1ST STREET		1.3 STREET ADDRESS	!			
CITY-ST-ZIP	POMPANO BEACH FL 33060		1,4 CITY-ST-ZIP				
TITLE	D	DELETE	2.1 TITLE		 	☐ Change	☐ Addition
NAME	EDWARDS, EDITH		2.2 NAME				ĺ
STREET ADDRESS	238 S.W. 1ST STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL 33060		2, 4 CiTY-ST-ZIP	ı			
TITLE		DELETE	3.1 TITLE		1.4.	Change	Addition
NAME			3.2 NAME	1			ŀ
STREET ADDRESS			3.3 STREET ADDRESS	i 1			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			<u>.</u>	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME	}			
STREET ADDRESS			4.3 STREET ADDRESS	1			
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5,1 TITLE			Change	Addition
NAME			5.2 NAME	1			f
STREET ADDRESS			5.3 STREET ADDRESS	1			
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	i			
CITY ST. 71P			64 CITY - ST - 7IP				ļ

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:

TAN 12, 1998