


May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

May 02 1997 8:00am
Secretary of State

DOCUMENT # V31551 (7)

1. Corporation Name
ALLIED FENCE U.S.A. CORPORATION

Principal Place of Business
1625-A W. PRINCETON ST.
ORLANDO FL 32804
US

Mailing Address
P. O. BOX 247
CLARCONA FL 32710-0247
US

2. Principal Place of Business
21 72 W. JERSEY ST.
Suite, Apt. #, etc.
22
City & State
23 ORLANDO, FL 32806
Zip
24 32806
Country
25 ORANGE
2. Principal Place of Business
26 5632 VALLEY OAK RD.
Suite, Apt. #, etc.
27
City & State
28 ORLANDO, FL 32808
Zip
29 32808
Country
30 ORANGE

3. Date Incorporated or Qualified
04/27/1992
3a. Date of Last Report
05/01/1996
4. FEI Number
59-3124714
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required
6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
VARVEL, RON
1625-A W. PRINCETON ST.
ORLANDO FL 32804

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
72 W. JERSEY ST.
83
84 City
ORLANDO
85 Zip Code
FL 32806

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 reinstalling) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE
D
1.2 NAME
VARVEL, RON
1.3 STREET ADDRESS
1625-A W. PRINCETON ST.
1.4 CITY-ST-ZIP
ORLANDO FL
2.1 TITLE
D
2.2 NAME
VARVEL, BRENDA
2.3 STREET ADDRESS
1625-A W. PRINCETON ST.
2.4 CITY-ST-ZIP
ORLANDO FL
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
72 W. JERSEY ST.
1.4 CITY-ST-ZIP
ORLANDO, FL 32806
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
72 W. JERSEY ST.
2.4 CITY-ST-ZIP
ORLANDO, FL 32806
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: [Signature] VARVEL, ITS PRES 4/29/97 407-578-0302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #