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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M18839

Corporation						
ALL ARO	und Welding, Inc.					
Principal Place of Business Mailing Address						
2601 N.W 55TH COURT 2601 N.W 55TH COURT					·	
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						08/02/1985
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						59-2561542 Not Applicable
Suite, Apt. #, etc. Suite,			e, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
27						T de riedaned
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29	30			Personal Property Tax. Yes LINO 10. Name and Address of New Registered Agent
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Rogister of States
REAL	MER, WILLIAM D.			"		
310 S.E. 13 ST.			82	Street Ad	Address (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33316			83			
FI. LAUDERDALE I C 555 IO			83		_	
	•			84	City	FL 85 Zip Code
			Ct + t +b -			
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida e of Florida. Such change	Statutes, the was authorize	above ed by	the corpora	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.050	5, Florida Sta	atutes		
SIGNATURE			AIOTE D vistor		et signature recu	equired when reinstating) DATE
	Signature, typed or printed name of registered ag	ND DIRECTORS	(NOTE: Register		IL SIGNALOID TOO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELE		TITLE		☐ Change ☐ Addition
1			NAME		·	
NAME	918 NAUTILUS ISLE				TADDRESS	
STREET ADDRESS			CITY-S			
CITY-ST-ZIP			TITLE		☐ Change ☐ Addition	
			2.2	NAME		
NAME					TADDRESS	·
STREET ADDRESS				CITY-S		
CITY-ST-ZIP		DELE		TITLE	,,,,,	☐ Change ☐ Addition
TITLE		_		NAME		
NAME					TADORESS	•
STREET ADDRESS				CITY-S		
CITY-ST-ZIP		☐ DELE		TITLE	-	☐ Change ☐ Addition
				2 NAME		
NAME STREET ADDRESS					TADDRESS	
				CITY-S		
CITY-ST-ZIP TITLE		☐ DELI		TITLE		☐ Change ☐ Addition
NAME		- -		NAME		·
\			5.3	STREE	T ADDRESS	
STREET ADDRESS			5.4	CITY-S	ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELI	TE 6.1	TITLE		☐ Change ☐ Addition
11100	İ					1

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 oath; that I am an officer or director of the corpolation or the receiver or vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS