

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 19 PM 2:19

SEC. DEPT. OF STATE
TALLAHASSEE, FLORIDA

400001518154
-06/20/95--01108--018
****225.00 ****225.00

DOCUMENT # *mobile* DED WELDING & FABRICATION, INC
1. Corporation Name DDA DED WELDING

M42055

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1988 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Net Applicable

21

26

59-2749696

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Suite, Apt #, etc

Suite, Apt #, etc

22 4701 S.W. 45 ST

27 2412 MARATHON LA.

City & State

City & State

23 FT. LAUD., FL

28 FT. LAUD., FL.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

County

Zip

County

24 33314

25 BROWARD

29 33312

30 BROWARD

7. This corporation has liability for intangible tax under § 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNARD BERMAN
288 S.C. ANDREWS AVE.
FT. LAUDERDALE, FL. 33314

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 filer of application)

(Initials) Registered Agent signature (required when resigning)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PRESIDENT/VICE PRESIDENT

11 TITLE

Change Addition

NAME

EDMUND O MASSA

12 NAME

STREET ADDRESS

2412 MARATHON LAKE

13 STREET ADDRESS

CITY ST ZIP

FT. LAUDERDALE, FL. 33312

14 CITY ST ZIP

TITLE

SECRETARY/TREASURER

21 TITLE

Change Addition

NAME

BARBARA MASSA

22 NAME

STREET ADDRESS

2412 MARATHON LAKE

23 STREET ADDRESS

CITY ST ZIP

FT. LAUDERDALE, FL. 33312

24 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 *Barbara Massa, Sec.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95 305-791-3385
(Date) (Phone Number)