


FILED
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Secretary of State

03-06-1999 90015 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M42055

1. Corporation Name
D & D MOBILE WELDING AND FABRICATION, INC.



Principal Place of Business 4701 S.W. 45 ST. FT. LAUDERDALE FL 33314	Mailing Address 2412 MARATHON LANE FT. LAUDERDALE FL 33312 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/21/1986	
4. FEI Number 59-2749696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 D & D WELDING		2a. Mailing Address 26		4. FEI Number 59-2749696	
Suite, Apt. #, etc. 22 239 S.W. 21 TRCL		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>	
City & State 23 FT. LAUDERDALE FL		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Zip 24 33312	Country 25 USA	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BERMAN, BERNARD 888 S. ANDREWS AVE. FT. LAUDERDALE FL 33316		10. Name and Address of New Registered Agent 81 Name EDMUND O. MASSA 82 Street Address (P.O. Box Number is Not Acceptable) 2412 MARATHON LANE 83 FT. LAUDERDALE 33312 84 City FL 85 Zip Code	
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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 *Edmund O. Massa* **Pres** DATE **3-25-99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MASSA, EDMUND O.		1.2 NAME	
STREET ADDRESS 2412 MARATHON LA		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL 33312		1.4 CITY-ST-ZIP	
TITLE ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MASSA, BARBARA		2.2 NAME	
STREET ADDRESS 2412 MARATHON LA		2.3 STREET ADDRESS 2412 MARATHON LANE	
CITY-ST-ZIP FT. LAUDERDALE FL 33312		2.4 CITY-ST-ZIP FT. LAUDERDALE FL 33312	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Edmund O. Massa* **Pres** DATE **2-16-99** 954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)