

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 OCT 27 AM 9:11

DOCUMENT # P98000006411

1. Corporation Name  
**EXPERT WELDING + FABRICATION, INC**

2. Principal Place of Business  
**1806 SW 7 AVE.  
POMPANO BEACH, FL  
33060**

Mailing Address  
**1806 SW 7 AVE.  
POMPANO BEACH, FL  
33060**

DO NOT WRITE IN THIS SPACE

21. State, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

3. Date Incorporated or Qualified  
**1-20-98**

4. FEI Number  
**65-0805103**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**WILLIAM MOLFETTO, JR.  
1806 SW 7 AVE.  
POMPANO BEACH, FL 33060**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

NAME: **WILLIAM MOLFETTO JR.**  DELETE  
STREET ADDRESS: **1806 S.W. 7 AVE.**  
CITY-ST-ZIP: **POMPANO BEACH, FL 33060**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **000003035890**  Change  Addition  
1.2 NAME: **-11/05/98--01013--011**  
1.3 STREET ADDRESS: **\*\*\*\*150.00 \*\*\*\*150.00**

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 addendum with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **10/22/99** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)