

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 May 17, 1999 8:00 am Secretary of State

05-17-1999 90020 005 \*\*\*150.00

DOCUMENT #

Corporation Name

Sureweld Welding, Inc.



Principal Place of Business

Mailing Address

7705 Clouser Ct. Lakeland FL 33810

Date Incorporated or Qualified

2/27/98

Principal Place of Business

Mailing Address

FEI Number

59-3492602

Applied For

Not Applicable

Suite Apt # etc

Suite Apt #, etc

Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

This corporation owes the current year Intangible Personal Property Tax.

Yes No

Name and Address of Current Registered Agent

CARDENAS, RALPH 5806 N. HABANA AVE TAMPA FL 33604

new Address

Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

808 E. Ida St.

84 City

Tampa

FL

85 Zip Code

33603

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]

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

Table with columns for Title, Name, Street Address, City-ST-ZIP. Includes entry for Melissa I. Coe at 7705 Clouser Ct, Lakeland FL 33810.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Table with columns for Title, Name, Street Address, City-ST-ZIP. Includes checkboxes for Change and Addition.

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 [Signature]

CD0004 (4/1/99)