

**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 APR -7 AM 5:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H85467** (9)

1. Corporation Name  
**WELD-ALL, INC.**

Principal Place of Business Mailing Address  
**329 W. 75TH PLACE** **329 W. 75TH PLACE**  
**HALEAH FL 33014** **HALEAH FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/15/1985** 3a. Date of Last Report **06/21/1994**

2. Principal Place of Business 2a. Mailing Address  
**21** **26** **2570 NAK NAK Run**

4. FEI Number **59-2611511** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc  
**22** **27**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State City & State  
**23** **28** **Oviedo, Florida**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country Zip Country  
**24** **25** **29** **32765** **30** **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VANDER WYDEN, MICHAEL F.**  
**20466 S. DIXIE HWY.**  
**MIAMI FL 33189**

**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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_

Signature of registered agent or registered agent and the corporation

Signature of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>PEARSON, GORDON</b>
STREET ADDRESS	<b>20110 NW 52ND CT.</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>DST</b>
NAME	<b>PEARSON, LORA</b>
STREET ADDRESS	<b>20110 NW 52ND CT.</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>2570 NAK NAK Run</b>
14 CITY ST ZIP	<b>Oviedo, Florida 32765</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>2570 NAK NAK Run</b>
24 CITY ST ZIP	<b>Oviedo, Florida 32765</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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 included 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 addition.

SIGNATURE: *Lora Jean Pearson* **Lora Jean Pearson** 3/10/95 (407) 357-8057  
MINIMUM AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR