

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

**APPROVED  
AND  
FILED**

1995 MAY 12 AM 4:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **M19200** (8)  
1. Corporation Name  
**ROCKWELD EQUIPMENT CO. OF FLORIDA**

Principal Place of Business Mailing Address

**7265 NW 64TH ST  
MIAMI FL 33166  
US**

**8901 S HOLLYBROOK BLVD.  
#309  
PEMBROKE PINES FL 33025  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/09/1985** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2580893** Applied For  Not Applicable

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

6. Election Campaign Financing  \$5.00 May Be Added to Fees

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

2. Principal Place of Business 2a. Mailing Address

21 **8901 S. HOLLYBROOK BLVD** 26 Suite, Apt. #, etc.

22 **309** 27 Suite, Apt. #, etc.

23 **PEMBROKE PINES** 28 City & State

24 **FLORIDA** 25 **U.S.** 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**GLEICHER, MILTON  
8901 S. HOLLYBROOK BLVD.  
PEMBROKE PINES FL 33025**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>GLEICHER, MILTON</b>
STREET ADDRESS	<b>8901 S. HOLLYBROOK BLVD.</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<b>ST</b>
NAME	<b>GLEICHER, IRENE</b>
STREET ADDRESS	<b>8901 S. HOLLYBROOK BLVD.</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<b>VP</b>
NAME	<b>GLEICHER, ALLAN</b>
STREET ADDRESS	<b>15020 TETHERCLIFT ST.</b>
CITY - ST - ZIP	<b>DAVIE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>400001490524</b>
23 STREET ADDRESS	<b>-05/17/95--01042--006</b>
24 CITY - ST - ZIP	<b>****225.00 ****225.00</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)(k), 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: Milton Gleicher **MILTON GLEICHER** 4/28/95 431-0589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (M, Day / Year)