

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

**FILED**

**May 30 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # M19200 (8)**

1. Corporation Name  
**ROCKWELD EQUIPMENT CO. OF FLORIDA**



Principal Place of Business  
**8901 S. HOLLYBROOK BLVD.  
#309  
PEMBROKE PINES FL 33025  
US**

Mailing Address  
**8901 S. HOLLYBROOK BLVD.  
#309  
PEMBROKE PINES FL 33025-1348  
US**

3. Date Incorporated or Qualified **08/09/1985**      3a. Date of Last Report **04/26/1996**

21	2. Principal Place of Business Suite, Apt #, etc.	26	2a. Mailing Address Suite, Apt #, etc.	4.	FEI Number <b>59-2580893</b>	Applied For Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GLEICHER, MILTON 8901 S. HOLLYBROOK BLVD. PEMBROKE PINES FL 33025</b>				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GLEICHER, MILTON</b>			1.2 NAME			
STREET ADDRESS	<b>8901 S. HOLLYBROOK BLVD.</b>			1.3 STREET ADDRESS			
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>			1.4 CITY - ST - ZIP			
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GLEICHER, IRENE</b>			2.2 NAME			
STREET ADDRESS	<b>8901 S. HOLLYBROOK BLVD.</b>			2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>			2.4 CITY - ST - ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GLEICHER, ALLAN</b>			3.2 NAME			
STREET ADDRESS	<b>15020 TETHERCLIFT ST.</b>			3.3 STREET ADDRESS			
CITY - ST - ZIP	<b>DAVIE FL</b>			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 do 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.

SIGNATURE: *Milton Gleicher*      4/30/97 (954) 431-0589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)