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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

M50471

(5)

ACTION WELDING & FABRICATION CO., INC.				A ALBERTAN (B.) ANNO BORNE BIRNE NOR	H 1481 31811 8(3); 8(3); 8(3); 8(4); 8(4); 8(4); 8(4);
Principal Place	of Business	Mailing Address			
15689 S.W. 84TH COURT		15689 S.W. 84TH COURT			
MIAMI FL 331	57	MIAMI FL 33157			
				3. Date Incorporated or Qualified 04/17/1987	3a. Date of Last Report 05/09/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2794758	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 Мау Ве
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for Florida Statutes	K.=#
24	25 9. Name and Address of Curre	nt Registered Agent	30	Florida Statutes Yes 10. Name and Address of New I	
	5, 1,4,1,5		81 Name		
	n, Joseph G .w. 84th Court		82 Street Ac	ddress (P.O. Box Number is Not Acceptal	ble)
MIAMI FL			83		
17117 50111 1 6	2 00 101		84 City	 	B5 Zip Code
			Ony		FL 20 2000
11. Pursuant to or registere familiar with	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	2 and 607.1508, Florida Statu ida. Such change was authori tion 607.0505, Florida Statute	ites, the above-named corp zed by the corporation's bi is.	poration submits this statement for the pu pard of directors. I hereby accept the app	rrpose of changing its registered office pointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered ager	at and title if apolicable (N	IOTE: Registereo Agent signature reci	uired whon reinstating)	DATE
12.		ND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME	GLEASON, JOSEPH G		1.2 NAME		
STREET ADDRESS	15689 S.W. 84TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157	FD DOLLET	1.4 CITY - ST - ZIP		F7. 61 F7. A.16
TITLE	\$	DELETE	2. 1 TITLE		Change Addition
NAME	GLEASON, BARBARA G		2 2 NAME		
STREET ADDRESS	15689 S.W. 84TH COURT		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33157	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME			3 2 NAME		D ******
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-S1-ZIP			3.4 CITY-ST-ZIP		
TIILE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		Facetee	5 4 CITY-ST-ZIP		Channe D Harver
TITLE		DELETE	6 1 TALE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I do hereby	certify that the information supplied	with this filing is voluntarily for	64 City-S1-ZiP mished and does not qualif	y for the exemption stated in Section 119	0.07(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 logal 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: _

WARE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/96 305-233-1856

CR2E034 (12/95)