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



PROFIT CORPORATION ANNUAL REPORT 1998					FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					Apr 09 1998 8:00am Secretary of State			
P.	OCUN Corporation	MENT #		0000									
	HANDY WELDING SERVICE, INC.										11 8601 8101 84161	ander della dilina nava	1 B181 1881
L	•												
Principal Place of Business Mailing Address								_		4 INDIANAL AND LÄNDÄ ATERE MAN	() BE()) WOLKE EDIÐI	18841 18481 84118 88U	WARE DRIV
2620 NW 10TH ST 2620 NW 10TH ST DELRAY BEACH FL 33445 DELRAY BEACH FL 33445										<u> </u>	T WRITE IN TH	IS SPACE	
										3. Date Incorporated or Qu	ualified		
2.	2. Principal Place of Business				2a. Mailing Address					03/11/1993 4, FEI Number		Ap	plied For
21					26					65-0394064			t Applicable
	Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Des	ired 🔲	\$8.75 A		
22	City & State			2	City & State				6. Election Campaign Fina	ncina	\$5.00		
23					28					Trust Fund Contribution		Added to	
24	Zip	—		-	ր ՝ ի ղ		Country			8. This corporation owes o	•		angible No
241	25 29 30 9, Name and Address of Current Registered Agent						<u>'l</u>			Personal Property Tax of 10. Name and Address of			1140
LEOPOLD, KAREN S 81 Name													
20801 BISCAYNE BLVD								Street A	Addre	ss (P.O. Box Number is Not A	cceptable)		
SUITE 501 NORTH MIAMI BEACH FL 33180					83								
	NO	KIH MIAMI B	EAUH FL 33	3180									
							84	City			F	L 85 Zip C	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.													
SIC	SIGNATURE Signature, byted or printed name of registered agent and title if applicable (NOTE: Regist								remited	I when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·	
12. OFFICERS AND								- Constitution	1040.00	ADDITIONS/CHANGES T			\$ IN 12
TITL	.E	D			☐ DE	LETE	1.1 TITLE				···	Change	Addition
NAS								1.2 NAME					
1	STREET ADDRESS 2620 NW 10TH ST CITY-ST-ZIP DELRAY BEACH FL 33445			2445	1			address					
TITL				נרדנ	DELETE 2			T-ZIP				Change	Addition
NAM		SIMON, EL	.SIE				2.2 NAME					—-	
STR	EET ADDRESS	2620 NW					2.3 STREET	ADDRESS					
CIT	r-ST-ZIP		EACH FL 33	3445			2. 4 CITY - S	T-ZIP					
TITL					☐ DELETE		3.1 TITLE					Change	Addition
NAA	i i	2620 N.W.					3.2 NAME	AUUDEGG					
•	EET ADDRESS	DELRAY B					3.3 STREET						
TITLE UELHAY BEACH FL				☐ DELETE			3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition	
NAM	AE						4. 2 NAME	ļ					
STR	EET ADORESS						4.3 STREET	address					
	Y-ST-ZIP					, ctr	4.4 CITY - S	T-ZIP				T 101	A 2 000 ==
TITE	·				L DE	LETE	5.1 TITLE					Change	Addition
NAM							5.2 NAME 5.3 STREET	AUUDEcc					
S S I K	EET ADDRESS						SSSINCE	MUUTE SS	l				

CITY-ST-ZIP 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 charties, or on an attachment Alth an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

SPENCER SIMON

FILED

561-276-0616

Addition