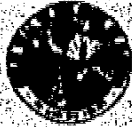


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 1:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000022035 (8)

1. Corporation Name

PALM BEACH WELDING CORPORATION

Principal Place of Business

Mailing Address

**44 KATRINA CIR
WEST PALM BEACH FL 33415
US**

**44 KATRINA CIR
WEST PALM BEACH FL 33415
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/22/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0404324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Country	30. Country

9. Name and Address of Current Registered Agent MAZROLLE, TOBY 1531 DREXEL RD WEST PALM BEACH FL 33417	10. Name and Address of New Registered Agent 81 Name Mazrolle, Toby 82 Street Address (P.O. Box Number is Not Acceptable) 44 Katrina Circle 83 84 City West Palm Beach FL 85 Zip Code 33415
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11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 *Toby Mazrolle* *president* DATE *April 14, 1995*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS	NAME MAZROLLE, TOBY	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1531 DREXEL RD	CITY - ST - ZIP WEST PALM BEACH FL	1.2 NAME	1.3 STREET ADDRESS 44 Katrina Circle
		1.4 CITY - ST - ZIP	West Palm Beach FL 33415
TITLE DP	NAME MAZROLLE, JAMES	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1531 DREXEL RD	CITY - ST - ZIP WEST PALM BEACH FL	2.2 NAME	2.3 STREET ADDRESS 44 Katrina Circle
		2.4 CITY - ST - ZIP	West Palm Beach FL 33415
TITLE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	3.3 STREET ADDRESS
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	4.3 STREET ADDRESS
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	5.3 STREET ADDRESS
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	6.3 STREET ADDRESS
		6.4 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: *Toby Mazrolle* *president* DATE *April 14, 1995* 1-407-684-41622 471-2966
Signature and typed or printed name of signing officer or director