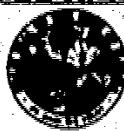


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000026061 (0)

1. Corporation Name

PORTA WELD MARINE SERVICE INC.

Principal Place of Business 18417 HUCKLEBERRY RD. FT. MYERS FL 33912		Mailing Address 18417 HUCKLEBERRY RD. FT. MYERS FL 33912		DO NOT WRITE IN THIS SPACE.			
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/05/1983 3a. Date of Last Report 04/20/1994			
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-03889490 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Country 30	7. 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 SCHWARZ, MICHAEL A SR. 18417 HUCKLEBERRY RD. FT. MYERS FL 33912				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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D SCHWARZ, MICHAEL A SR. 18417 HUCKLEBERRY RD. FT. MYERS FL 33912	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D SCHWARZ, VICKI 18417 HUCKLEBERRY RD. FT. MYERS FL 33912	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	D WINCHELL, CHRISTOPHER 7209 LOBELIA RD. FT. MYERS FL 33912	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
NAME					
STREET ADDRESS					
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 addendum.

SIGNATURE: *Michael A. Schwarz* Michael A. Schwarz 5A 4/19/95 267-2988
PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Myers 1995-1