

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000087281 (0)

1. Corporation Name
WELDING AND METALLURGICAL EQUIPMENT, INC.



Principal Place of Business
P O BOX 31733-1733
PALM BEACH GARDENS FL 33420

Mailing Address
P O BOX 31733-1733
PALM BEACH GARDENS FL 33420

3. Date Incorporated or Qualified 12/17/1993
3a. Date of Last Report 07/19/1995

2. Principal Place of Business 21 119 HOLLYWOOD BLVD NW. Suite, Apt. #, etc. 22 SUITE 14 City & State 23 FORT WALTON BEACH, FL Zip 24 32548	2a. Mailing Address 26 P.O. Box 4154 Suite, Apt. #, etc. 27 City & State 28 FORT WALTON BEACH, FL. Zip 29 32549-4154	4. FEI Number 65-0453378 Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

TORCIMA, GLEN J
250 AUSTRALIAN AVE S
SUITE 1504
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	V LACEY, JOHN
NAME	BRAUGHT, WILLIAM G	1.2 NAME	
STREET ADDRESS	109 PARADISE HARBOUR BLVD APT 102	1.3 STREET ADDRESS	2413 SALAMANCA ST.
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	1.4 CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	DVST	2.1 TITLE	V GARDNER, GREGORY
NAME	PRESZ, LINDA	2.2 NAME	
STREET ADDRESS	109 PARADISE HARBOUR BLVD APT 102	2.3 STREET ADDRESS	4589 TOP FLIGHT DR.
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	2.4 CITY-ST-ZIP	CADSVIEW, FL 32539
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *Linda M. Presz* LINDA M. PRESZ 2/29/96 (407) 863-7277
Signature and typed or printed name of signing officer or director Date Day/e Phone #

CR2E034 (12/95)