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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000087281 (0)**

1. Corporation Name
WELDING AND METALLURGICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
119 HOLLYWOOD BLVD, NW STE # 13 FT WALTON BEACH FL 32548 US	P O BOX 4154 FT WALTON BEACH FL 32549-4154 US

3. Date Incorporated or Qualified: 12/17/1993	3a. Date of Last Report: 03/11/1996
4. FEI Number: 65-0453378	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 119 Hollywood Blvd. NW	26
Suite, Apt. #, etc. 22 Suite 13	Suite, Apt. #, etc. 27
City & State 23	City & State 28 FT. WALTON BEACH
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

TORCIVIA, 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DS	☒ Change ☐ Addition
NAME	BRAUGHT, WILLIAM G		1.2 NAME	BRAUGHT, WILLIAM G.	
STREET ADDRESS	109 PARADISE HARBOUR BLVD APT 102		1.3 STREET ADDRESS	770 LORI DRIVE, #246	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		1.4 CITY-ST-ZIP	PALM SPRINGS, FL 33461	
TITLE	DVST	☐ DELETE	2.1 TITLE	DT	☒ Change ☐ Addition
NAME	PRESZ, LINDA		2.2 NAME	PRESZ, LINDA	
STREET ADDRESS	109 PARADISE HARBOUR BLVD APT 102		2.3 STREET ADDRESS	770 LORI DRIVE, # 246	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		2.4 CITY-ST-ZIP	PALM SPRINGS, FL 33461	
TITLE	V	☐ DELETE	3.1 TITLE	DV	☒ Change ☐ Addition
NAME	LAREY, JOHN		3.2 NAME	LACEY, JOHN	
STREET ADDRESS	2413 SALAMANDA ST		3.3 STREET ADDRESS	2413 SALAMANCA ST.	
CITY-ST-ZIP	NAVARRE FL		3.4 CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	V	☐ DELETE	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	GJDUSSEN, ERNEST		4.2 NAME	GAJDUSEK, ERNEST	
STREET ADDRESS	4589 TOP FLIGHT DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL		4.4 CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: Ernest Gajdusek ERNEST GAJDUSEK 3/20/97 904-244-1665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0489825