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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
119 HOLLYWOOD BLVD. NW
SUITE 13
FT WALTON BEACH FL 32548
US

Mailing Address
P O BOX 4154
FT. WALTON BEACH FL 32549
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1993

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ 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 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME DS
STREET ADDRESS BRAUGHT, WILLIAM G
CITY-ST-ZIP 770 LORI DRIVE, 248
PALM SPRINGS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME DT
STREET ADDRESS PRESZ, LINDA
CITY-ST-ZIP 770 LORI DRIVE, 248
PALM SPRINGS FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME DV
STREET ADDRESS LAREY, JOHN
CITY-ST-ZIP 2413 SALAMANDA ST
NAVARRE FL

3.1 TITLE
3.2 NAME LACEY
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME DP
STREET ADDRESS GJDUSSSEN, ERNEST
CITY-ST-ZIP 4589 TOP FLIGHT DR
CRESTVIEW FL

4.1 TITLE
4.2 NAME GAJDUSEK
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 changed or on an attachment with an address.

SIGNATURE:

ERNEST GAJDUSEK 4/28/98 850-244-1665

CR2E034 (10/97)