FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AND FILED

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

95 MAY -1 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032223 (7)

1. Corporate Name
MIRACLE WELD, INC.

Principal Office Address
7524 HARBOR VIEW WAY
SEMINOLE FL 34646

Mailing Address
7524 HARBOR VIEW WAY
SEMINOLE FL 34646

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated / Qualified: 04/28/1994
3a. Date Filed Report

2. Principal Place of Business
21 5577 64TH WAY N.
22 UNIT E
23 ST. PETERSBURG, FL
24 33709 25

2a. Mailing Address
26 P.O. BOX 1456
27
28 LARGO, FLORIDA
29 34649 30 USA

4. FEI Number: 59-3257755
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. Is this corporation filed for taxed, for inclusion under F.S. 1002? Yes X No

9. Name and Address of Current Registered Agent
BARBER, JON H
7455 38TH AVE. NORTH
ST. PETERSBURG FL 33710

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 Section 607.0505 of the 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 and the name of any registered agent is changed or vacated, the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
HIGGINS, BARRY A
7524 HARBOR VIEW WAY NORTH
SEMINOLE FL 34646

D
~~HIGGINS, LINDA M~~
~~7524 HARBOR VIEW WAY NORTH~~
~~SEMINOLE FL 34646~~

D
ROBERT A. WILSON
11110 RICHLYNE ST.
TEMPLE TERRACE, FL

D
STEPHEN A. HAWKE
10903 THERESA ARBOR DR.
TEMPLE TERRACE, FL

D
BRIAN H. HAWKE
6407 112TH AVE
TEMPLE TERRACE, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the facts stated herein are true, and I understand that false statements made pursuant to this report are subject to the penalties prescribed for perjury in Section 817.155, Florida Statutes. I further certify that I am familiar with and accept the duties and responsibilities as registered agent and agent for service of process under the Florida Business Corporation Act.

SIGNATURE: 5/5/95 813-547-0036

SIGNATURE AND TITLE OR PRINTED NAME OF PRESIDENT OR OFFICER OR DIRECTOR

03717ee CP