FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000032223 (7)

1. Corporation Name

MIRACLE WELD, INC.

Principal Place of Business	Mailing Address
5577 64TH WAY UNIT E ST PETE FL 33709 US	P.O. BX 1456 LARGO FL 34649 US

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

4. FEI Number: 59-3251755 ☐ 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

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 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 ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HIGGINS, BARRY A	
STREET ADDRESS	7524 HARBOR VIEW WAY NORTH	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE	D	☒ DELETE
NAME	HIGGINS, LINDA M	
STREET ADDRESS	7524 HARBOR VIEW WAY NORTH	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE	D	☐ DELETE
NAME	WILSON, ROBERT A	
STREET ADDRESS	11110 RICHLYNE ST	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	☐ DELETE
NAME	HAWKE, STEPHEN A	
STREET ADDRESS	10903 THERESA ARBOR RD	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	☐ DELETE
NAME	HAWKE, BRIAN H	
STREET ADDRESS	6407 112TH AVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition; 1.2 NAME; 1.3 STREET ADDRESS; 1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition; 2.2 NAME; 2.3 STREET ADDRESS; 2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition; 6.2 NAME; 6.3 STREET ADDRESS; 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: Barry A. Higgins — BARRY A. HIGGINS — 4/11/96 — 813-547-0036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)