
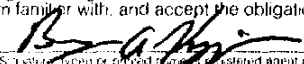
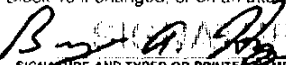


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 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 5577 64TH WAY UNIT E ST PETE FL 33709 US		Mailing Address P.O. BX 1456 LARGO FL 33779-1456 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BARBER, JON H 7455 38TH AVE. NORTH ST. PETERSBURG FL 33710		81 Name HIGGINS, BARRY A. 82 Street Address (P.O. Box Number is Not Acceptable) 7524 HARBOR VIEW WAY NORTH 83 84 City SEMINOLE FL 85 Zip Code 33776	
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  BARRY A. HIGGINS DATE 4/16/97 <small>Signature typewritten or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, BARRY A	1.2 NAME	
STREET ADDRESS	7524 HARBOR VIEW WAY NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33776	1.4 CITY-ST-ZIP	33776
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ROBERT A	2.2 NAME	
STREET ADDRESS	11110 RICHLYNE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKE, STEPHEN A	3.2 NAME	
STREET ADDRESS	10903 THERESA ARBOR RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKE, BRIAN H	4.2 NAME	
STREET ADDRESS	6407 112TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  BARRY A. HIGGINS DATE 4/16/97 813-547-0036 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



CR2E034 (9/96)