

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

3. Date Incorporated or Qualified: 04/28/1994  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-3251755  
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 (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

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: HIGGINS BARRY A. 82 Street Address: 7524 HARBOR VIEW WAY NORTH 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: *[Signature]* BARRY A. HIGGINS DATE: 4/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	HIGGINS, BARRY A 7524 HARBOR VIEW WAY NORTH SEMINOLE FL 33776	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> DELETE	WILSON, ROBERT A 11110 RICHLYNE ST TEMPLE TERRACE FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> DELETE	HAWKE, STEPHEN A 10903 THERESA ARBOR RD TEMPLE TERRACE FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> DELETE	HAWKE, BRIAN H 6407 112TH AVE TEMPLE TERRACE FL	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Signature]* BARRY A. HIGGINS DATE: 4/16/97 813-547-0036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)