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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000032223**1. Corporation Name

MIRACLE WELD, INC.

Principal Place	e of Business	Mailing Address						
5577 64TH WAY	y	P.O. BX 1456						
UNIT E		LARGO FL 34649				·		
ST PETE FL 33	700	US				DO NOT WRITE IN	THIS SPACE	
	709	03			O Data Income	rated or Qualifed		
US					1 ,			
					04/28/199			
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
<u> </u>		26			59-32517	55	No	t Applicable
21		Suite, Apt.,#, etc.					\$8.75	
Suite, Apt.	#, etc.		·-	-	5. Certifcate of	Status Desired	Fee Re	
22		27						·
City & State		City & State		6. Election Car	npaign Financing	\$5.00		
23	-	28			Trust Fund (Contribution	Added t	to Fees
Zip	Country	Zip	Country	,	8 This comora	tion owes the current ye	ear Intangible	
24		29 30	่ถิ่		Personal Pro		Yes	□No
24	25	<u> </u>	''			Address of New Regis		
	9. Name and Address of Current	Registered Agent	81	T \$1		Addition of them region	torou Agont	
inoc	NAO DADOV A		01	Name				1
	GINS, BARRY A.		82	Street	Address (P.O. Box Num	her is Not Accentable)		
7524	HARBOR VIEW WAY N	-	02	Jueer	Address († .O. Dox 11011)	ioor is rise risespiasio;		
SEMI	INOLE FL 33776		83	1	· +/			
					•			
	• • •		84	City			85 Zip (Code
						,	FL	
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corporation submits this	statement for the purpo	se of changing its	registered
l office or r	onictored agent or both in the State o	it Florida. Such change was auto	ionzea nv	the corp	oration's board of director	ors. I hereby accept the	appointment as re	gistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes	3.				
SIGNATURE								i
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature	required when reinstating)		ATE ,	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		ngistered Age	nt signature		D. CHANGES TO OFFICE	RS AND DIRECTO	
				nt signature				DRS IN 12
12.	OFFICERS AND	DIRECTORS	13. 1.1 TITLE	nt signature			RS AND DIRECTO	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

May 04, 1999 8:00 am Secretary of State

05-04-1999 90099 004 ***150.00