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 # **P94000041360**1. Corporation Name

INTERSTATE WELDING & STEEL, INC.

_		177					
Principal Place of Business Mailing A		Mailing Address			1.00.000		
1500 FLORIDA AVE.		1500 FLORIDA AVE.					
OVIEDO FL 32765		OVIEDO FL 32765		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					05/27/1994		
2 Bringing D	lace of Business	2a. Mailing Address			4, FEI Number	App	olied For
	lace of Busiless	26			59-3256395	<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		-		\$8.75 🗚	
— ······	#, O.O.	27			5. Certifcate of Status Desired	Fee Rec	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00 \	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	1,···-	8. This corporation owes the current y	ear Intangible	
24	25	`	30		Personal Property Tax.		□No
	9. Name and Address of Curre				10. Name and Address of New Regis	stered Agent	
*	\$ 2. p. s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	81	Name			
ADAI	MS, APRIL	1.*	82	Stroot Addro	ess (P.O. Box Number is Not Acceptable)		
1500	FLORIDA AVENUE	184\$	02	Street Addre	555 (F.O. BOX NUMBER IS NOT ACCEPTED TO	orders as the entry of the	
OVIE	EDO FL 32765		83			PRINCE SECTION	開発は
					10 10 18 20 1 1 C	85 Zip′C	9.0
			84	City		FL S Z P C	,ode
			, ,				Ţ
11. Pürsuant.	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-	named corpo	pration submits this statement for the purp	ose of changing its r	registered
off on or r	registered agent or both in the State	of Florida :Such change was all	thorized by tr	named corpo he corporation	oration submits this statement for the purp n's board of directors. I hereby accept the	ose of changing its r	registered gistered
off on or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida :Such change was all	thorized by tr	named corpo he corporation	oration submits this statement for the purp n's board of directors. I hereby accept the	ose of changing its r	registered gistered
off on or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was au jations of, Section 607.0505, Flori	ithorized by tr ida Statutes.	ne corporation	n's board of directors. Thereby accept the	ose of changing its r	registered gistered
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was au jations of, Section 607.0505, Flori	ithorized by tr ida Statutes.	ne corporation	n's board of directors. I hereby accept the	pose of changing its reappointment as reg	jistered
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was au lations of, Section 607.0505, Flori ent and title if applicable. (NOTE: t	thorized by trida Statutes. Registered Agent	ne corporation	when reinstating) ADDITIONS/CHANGES TO OFFICE	pose of changing its reappointment as reg	jistered
office or r agent. I a SIGNATURE 12.	registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	e of Florida. Such change was au lations of, Section 607.0505, Florient and title if applicable. (NOTE: IND DIRECTORS	thorized by trida Statutes. Registered Agent s	ne corporation	n's board of directors. Thereby accept the	pose of changing its reappointment as reg	RS IN 12
office or r agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DAMS, APRIL	e of Florida. Such change was au lations of, Section 607.0505, Florient and title if applicable. (NOTE: IND DIRECTORS	Registered Agent s 1.1 TITLE	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	pose of changing its reappointment as reg	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DAMS, APRIL 1500 FLORIDA AVE.	e of Florida. Such change was au lations of, Section 607.0505, Florient and title if applicable. (NOTE: IND DIRECTORS	Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	pose of changing its reappointment as reg	RS IN 12
office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DAMS, APRIL	e of Florida. Such change was au lations of, Section 607.0505, Florient and title if applicable. (NOTE: IND DIRECTORS	Registered Agent s 1.1 TITLE 1.2 NAME	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	pose of changing its reappointment as reg	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A DAMS, APRIL 1500 FLORIDA AVE.	e of Florida. Such change was au lations of, Section 607.0505, Flori ent and title if applicable. (NOTE: IND DIRECTORS	rhorized by trida Statutes. Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST-	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	oose of changing its reappointment as reg	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A D ADAMS, APRIL 1500 FLORIDA AVE. OVIEDO FL 32765	e of Florida. Such change was au lations of, Section 607.0505, Flori ent and title if applicable. (NOTE: IND DIRECTORS	thorized by trida Statutes. Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	signature required ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICE	oose of changing its reappointment as reg	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A D ADAMS, APRIL 1500 FLORIDA AVE. OVIEDO FL 32765	e of Florida. Such change was au lations of, Section 607.0505, Floridations of Sec	thorized by trida Statutes. Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE	ADDRESS ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICE	oose of changing its reappointment as reg	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A D ADAMS, APRIL 1500 FLORIDA AVE. OVIEDO FL 32765	e of Florida. Such change was au lations of, Section 607.0505, Floridations of Sec	thorized by trida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A	ADDRESS ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICE	oose of changing its reappointment as reg	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	registered agent, or both, in the State am familiar with, and accept the oblig signature, typed or printed name of registered agent of the oblig OFFICERS ADAMS, APRIL 1500 FLORIDA AVE. OVIEDO FL 32765	e of Florida. Such change was au lations of, Section 607.0505, Florium of the frapplicable. (NOTE: IND DIRECTORS DELETE	Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST-	ADDRESS ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICE	oose of changing its reappointment as reg	RS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig signature, typed or printed name of registered agent of the oblig of	e of Florida. Such change was au lations of, Section 607.0505, Florium of the frapplicable. (NOTE: IND DIRECTORS DELETE	thorized by trida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME	ADDRESS ADDRESS -ZIP	when reinstating) ADDITIONS/CHANGES TO OFFICE	oose of changing its reappointment as reg	RS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig signature, typed or printed name of registered agent of the oblig OFFICERS AD ADAMS, APRIL 1500 FLORIDA AVE. OVIEDO FL 32765	e of Florida. Such change was au lations of, Section 607.0505, Florium of the frapplicable. (NOTE: IND DIRECTORS DELETE	thorized by trida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A	ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICE	oose of changing its reappointment as reg	RS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig signature, typed or printed name of registered agent of the oblig of	e of Florida. Such change was au lations of, Section 607.0505, Florium of the frapplicable. (NOTE: IND DIRECTORS DELETE	thorized by trida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME	ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICE	oose of changing its reappointment as reg	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	registered agent, or both, in the State am familiar with, and accept the oblig signature, typed or printed name of registered agent of the oblig of	e of Florida. Such change was au ations of, Section 607.0505, Florient and title if applicable. (NOTE: ND DIRECTORS DELETE	Ithorized by trida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST-	ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICE	ose of changing its reappointment as reg	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig signature, typed or printed name of registered agent of the oblig of	e of Florida. Such change was au lations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE	thorized by tri da Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 4.1 TITLE 4.2 NAME	ADDRESS -ZIP -ZIP -ZIP	when reinstating) ADDITIONS/CHANGES TO OFFICE	ose of changing its reappointment as reg	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig signature, typed or printed name of registered agent of the oblig of	e of Florida. Such change was au ations of, Section 607.0505, Florient and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	when reinstating) ADDITIONS/CHANGES TO OFFICE	ose of changing its reappointment as reg	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig signature, typed or printed name of registered agent of the oblig of	e of Florida. Such change was au lations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE	Ithorized by tri da Statutes. Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 4.4 CITY-ST- 4.4 CITY-ST- 4.4 CITY-ST-	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	when reinstating) ADDITIONS/CHANGES TO OFFICE	ose of changing its reappointment as reg	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig signature, typed or printed name of registered agent of the oblig of	e of Florida. Such change was au lations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	when reinstating) ADDITIONS/CHANGES TO OFFICE	cose of changing its reappointment as reg	RS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D ADAMS, APRIL 1500 FLORIDA AVE. OVIEDO FL 32765	e of Florida. Such change was au lations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE	Ithorized by tri da Statutes. Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	when reinstating) ADDITIONS/CHANGES TO OFFICE	cose of changing its reappointment as reg	RS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS AD ADAMS, APRIL 1500 FLORIDA AVE. OVIEDO FL 32765	e of Florida. Such change was au lations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE	Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.3 STREET A 5.4 STREET A 5.5	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	when reinstating) ADDITIONS/CHANGES TO OFFICE	cose of changing its reappointment as reg	RS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D ADAMS, APRIL 1500 FLORIDA AVE. OVIEDO FL 32765	e of Florida. Such change was au lations of, Section 607.0505, Floridations of, Section 607.0505, Floridations of applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE	Ithorized by tri da Statutes. Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME	ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	when reinstating) ADDITIONS/CHANGES TO OFFICE	cose of changing its reappointment as reg	RS IN 12 Addition Addition Addition

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 off an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90054 007 ***150.00