FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 31 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046902 (0)**

1. Corporation Name
WELTRAX, INC.

Principal Place of Business	Mailing Address
390 N ORANGE AVENUE ~~SUITE 1425~~ ORLANDO FL 32801	P.O BOX 3029 ORLANDO FL 32802-3029

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22): SUITE 1050
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-3255500 ☐ 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

~~DUNEGAN, STEPHEN D~~
~~390 N ORANGE AVENUE~~
~~SUITE 1425~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent

91 Name: THOMAS J. FISHER, JR.
92 Street Address (P.O. Box Number is Not Acceptable): 2078 RIVER PARK BOULEVARD
93
94 City: ORLANDO FL 95 Zip Code: 32817

11. Pursuant to the provision(s) 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: _____ , Thomas J. Fisher, Jr. 3-12-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually signed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPOTTS, MICHAEL J ~~390 N ORANGE AVENUE, SUITE 1425~~ ~~ORLANDO FL 32801~~	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P P.O. Box 262 Gotha, Florida 34734	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISHER, THOMAS J JR 2078 RIVER PARK BLVD. ORLANDO FL 32817	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP/T	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNEGAN, JACQUE D 12064 SANDY SHORES DR. WINDERMERE FL 34786	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Thomas J. Fisher, Jr., Vice Pres. (407) 581-0445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0417207 FP