FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

P95000020115 (8)

POWELL WELD INC

TONE	ELL WELD, INC.							
Principal Place o	of Business	Mailing Addres			·	Bill Belli Behir		
P.O. BOX 9 MARGATE F		P.O. BOX 934512 MARGATE FL 33093						
					3. Date Incorporated or Qualified 03/13/1995	3a. Date	of Last F	leport
2. Principal Plac	e of Business	2a. Mailing Ada	Iress		4. FEI Number	_L		Applied For
M Control of the Cont		26	- - - - - - - - - - 		65-0542708			Not Applicable
Suite, Apt. #, etc. 22 City & State		27	L		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23		28	City & State:		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cour	otr <i>i</i>	8. This corporation has liability for	intangible tax		
4	25 9. Name and Address of Curren	29	[30]		1	□ No		
	9, Name and Address of Correr	it Registered Agen		8 Name	10. Name and Address of New F	legistered A	gent	
POWEI	L, MICHAEL L			Name				
6823 B	ROADMOOR				Iress (P.O. Box Number is Not Acceptab	ole)		
NORIH	LAUDERDALE FL 33068			83				
				84 City		FL	85 Z	p Code
				LL og pomer er	ration submits this statement for the pur ard of directors. Thereby accept the app		LLL iging its i	registered offic
familiar with,	and accept the obligations of, Secti	on 607.0505, Florida	s addicinzed by the b Statutes	orporation's boa	ard or directors. I hereby accept the app	ointment as r	egistered	i agent. I am
SIGNATURE								
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TLE	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF			
AME	POWELL, MICHAEL L	☐ DE					Change	Addition
TREET ADORESS	P.O. BOX 934512 N/A		1.2 NA/	ĺ				
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AME							Change	Addition
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oath; that I a	m an officer or director of the corpor lock 12 or Block 13 if changed or o	a report or suppleme ation or the receiver.	artar ennua report is Ar trustos d ougouvoro		or the exemption stated in Section 119.0 te and that my signature shall have the sisteport as required by Chapter 607, Fic	same legal ef irida Statutes	fect as if ; and tha	
	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNII	NG OFFICER OR DIRECTO	Я	Diske		оне Ръсени	