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Apr 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000068758 (8)

1. Corporation Name

G B PORTABLE WELDING, INC.



Principal Place of Business

Mailing Address

4990 S.W. 52 ST.  
BAY 207  
DAVIE FL 33314  
US

4990 S.W. 52 ST.  
BAY 207  
DAVIE FL 33314  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4611 S. University Dr. 26 4611 S. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #430

27 #430

City & State

City & State

23 Davie, FL

28 Davie, FL

Zip

Country

Zip

Country

24 33328

25 USA

29 33328

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BISOGNO, GARRETT  
5615 FORREST STREET  
HOLLYWOOD FL 33021

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME BISOGNO, GARRETT  
STREET ADDRESS 5615 FORREST STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  
NAME BISOGNO, GREG  
STREET ADDRESS 5615 FORREST ST.  
CITY-ST-ZIP HOLLYWOOD FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME PACAY, ANDREW  
STREET ADDRESS 7150 FILLMORE ST.  
CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

CR2E034 (10/97)