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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000077841 (1)

1. Corporation Name  
WELDCON, INC.



Principal Place of Business

Mailing Address

~~8471 CORAL SPRINGS DRIVE #7~~  
CORAL SPRINGS FL 33065

~~8471 CORAL SPRINGS DRIVE #7~~  
CORAL SPRINGS FL 33065-3735

3. Date Incorporated or Qualified  
10/06/1995

3a. Date of Last Report  
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 4183 CORAL SPRINGS DR.

26 4183 CORAL SPRINGS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CORAL SPRINGS, FL.

27 CORAL SPRINGS, FL.

City & State

City & State

23 33065

28 33065

Zip

Zip

Country

Country

24 25 BROWARD

29 30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEWITT, JOHN  
8471 CORAL SPRINGS DRIVE #7  
CORAL SPRINGS FL 33065

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
4183 CORAL SPRINGS DR.

83 CORAL SPRINGS

84 City

FL

85 Zip Code  
33065

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 PD  
NAME HEWITT, JOHN  
STREET ADDRESS 3471 CORAL SPRINGS DRIVE #7  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 4183 CORAL SPRINGS DRIVE  
1.4 CITY-ST-ZIP CORAL SPRINGS, FL. 33065

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

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

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

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

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

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)