FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-2IP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 JUL 15 PH 2:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED

DOCUMENT # P96000021004 (2) WELTEK, INC. Principal Place of Business Mailing Address 222 LAKEVIEW AVENUE 222 LAKEVIEW AVENUE **SUITE 160-226 SUITE 160-228** WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-6145 3. Date Incorporated or Qualified 38. Date of Last Report 03/04/1996 FEI Number P65442 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, 29 ☐ Yes ☐ No 24 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** INC. 82 Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVENUE, SUITE 1100 83 ORLANDO FL 32801 84 City Zip Code 85 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 life if applicable (NOTE: Bugistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.111111 GLEN A. HALVANCON 111395 NORTH FLYING BIRD DRIVE 1.2 NAME NAME aberion ave 5/2/60-228 STREET ADDRESS 1.3 STREET ADDRESS Palm Beach, Pl 33401 TUCSON, AZ 85737-1705 CITY-ST-ZIP 1.4 CITY - \$1 - 7IP TITLE Change ☐ Addition 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP

****165.00 ****165.00 CITY-ST-ZIP 4.4 CITY-ST-ZIP DITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

3.4. CITY-ST-ZIP

DELETE

DELETE

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 control of 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 atrachment with an address.

96/6)

Change

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Addition