## FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039932 (4)

FLASH WELDING SPECILIST INC.

FILED May 06 1998 8:00am Secretary of State

| 7 4.101                             |  |   |   |   |   |  |
|-------------------------------------|--|---|---|---|---|--|
| Principal Place                     | e of Business  | Mailing Address   |   |   |   |  |
| 319 GULFSTREAM ROAD                 |  | 319 GULFSTREAM (  | ROAD  |   |   |  |
| DANIA FL 33004                      |  | DANIA FL 33004  | IOND  |   |   |  |
|                                     |  |   |   | DO NOT WRITE IN THIS SPACE  |   |  |
|                                     |  |   |   | 3. Date Incorporated or Qualified   |   |  |
| A Date of a 1 Di                    | to the state of th |   |   | 05/02/1996  | <del></del>                             |  |
| 2. Principal Place of Business      |  | 2a. Mailing Address   |   | 4. FEI Number   | Applied For                             |  |
| Suite, Apt. #, etc.                 |  | Suite, Apt. #, etc.   | ·   | 65-0663538  | Not Applicable                          |  |
| <del></del> 1                       |  | 27  |   | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Regulred       |  |
| 22 City & State                     |  | City & State  |   | 5 Stastian Connector Singuistry   |   |  |
| 23                                  |  | 28  |   | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees          |  |
| Zip                                 | Country  | 7(0)  | Country   | This corporation owes or has paid the current   |   |  |
| 24                                  | 25   | 29  | 30  |   | Yes No                                  |  |
| <del></del>                         | g. Name and Address of Cur   |   |   | 10. Name and Address of New Registered Ag   |   |  |
| 1.1                                 | ITTLETON, ROBYN  |   | 81 Name   | ittleton Robyn  |   |  |
|                                     | 19 GULFSTREAM ROAD   |   | 92 Chrot As   | ,, , , (TC, , ) = , , , , , , , , , , , , , , , ,   |   |  |
| DANIA FL 33004                      |  |   | 2 Street At   | 82 Street Address (P.O. Box Number is Not Acceptable)   |   |  |
| Unitan I E 00007                    |  |   | 83  | <u> </u>  |   |  |
|                                     |  |   |   |   |   |  |
|                                     |  |   | 84 City   | conut Creek FL  | 85 Zip Code<br>33666                    |  |
| 11. Pursuant t                      | to the provisions of Sections 607.0  | 0502 and 607.1508, Florida Sta                                    | lutes, the above-named co                                 | proporation submits this statement for the purpose of c   | nanging its registered                  |  |
| agent. I an                         | <b>egistere</b> d agent, or both, in the Sta<br>m <b>fa</b> miliar with, and accept the ob   | ate of Florida. Such change wa<br>digations of, Section 607,0505, | is authorized by the corpo<br>Florida Statutes.           | ration's board of directors. I hereby accept the appoir   | ntment as registered                    |  |
|                                     | Signature, typed or printed name of registered   | agent and title if applicable (h                                  | IOTE: Registered Agent signature re                       | quired when reinstating) DATE   |   |  |
| 12.                                 | OFFICERS A   | AND DIRECTORS   | 13.   | ADDITIONS/CHANGES TO OFFICERS AND D   |   |  |
| TITLE                               | D  | ☐ DELETE  | 1.1 TITLE   | PIPITIS O   | Change Addition                         |  |
| NAME                                | Littleton, Robyn   |   | 1.2 NAME  | Cittleton, RobyN  |   |  |
| STREET ADDRESS % 319 GULFSTEAM ROAD |  | D.  | 1.3 STREET ADDRESS  | 1/2140 NW33RS TERRACE   |   |  |
| CITY-ST-ZIP                         | DANIA FL 33004   |   | 1.4 CITY-ST-ZIP   | D.P.T.S<br>Cittleton, RobyN<br>2/2 2140 NW3349 Terrace<br>Cocont Creek, Fl 33066                                |   |  |
| TITLE                               |  | DELETE  | 2.1 TITLE   |   | Change                                  |  |
| NAME                                |  |   | 2.2 NAME  |   |   |  |
| STREET ADDRESS                      |  |   | 2.3 STREET ADDRESS  |   |   |  |
| CITY-ST-ZiP                         |  |   | 2 4 CITY - ST - ZIP                                       |   |   |  |
| TITLE                               | <del></del>  | ☐ DELETE  | 3.1 TITLE   |   | Change                                  |  |
| NAME                                |  |   | 3.2 NAME  |   |   |  |
| STREET ADDRESS                      |  |   | 3.3 STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP                         |  |   | 3.4. CITY - ST - ZIP                                      |   |   |  |
| TITLE                               |  | DELETE  | 4.1 THTLE   |   | Change Addition                         |  |
| NAME                                |  |   | 4. 2 NAME   |   |   |  |
| STREET ADDRESS                      |  |   | 4.3 STREET ADDRESS  |   | !                                       |  |
| CITY-ST-ZIP                         |  |   | 4.4 CITY-ST-ZIP   |   |   |  |
| TITLE                               |  | DELETE  | 5.1 TITLE   |   | Change Addition                         |  |
| NAME                                |  |   | 5.2 NAME  |   |   |  |
| STREET ADDRESS                      |  |   | 5.3 STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP                         |  |   | 5.4 CITY-ST-ZIP   |   |   |  |
| TITLE                               |  | DELETE  | 6.1 TITLE   |   | Change Addition                         |  |
| NAME                                |  |   | 6.2 NAME  |   |   |  |
| STREET ADDRESS                      |  |   | 6.3 STREET ADDRESS  |   |   |  |
| CITY-ST-ZIP                         |  |   | 6.4 CITY-ST-ZIP   |   |   |  |
| 14. Thereby c                       | ertify that the information supplied   | with this filing does not qualif                                  | for the exemption stated                                  | in Section 119.07(3)(i), Florida Statutes. I further certif   | y that the information                  |  |
| indicated of<br>officer or of       | on this annual report or suppleme<br>director of the corporation or the ri<br>or Block 13 if changed, or on an a   | intal annual report is true and a<br>eceiver or trustee empowers  | ccurate and that my signs<br>to execute this report as re | iture shall have the same legal effect as if made unde<br>equired by Chapter 607, Florida Statutes; and that my | r oath; that I am an<br>name appears in |  |

SIGNATURE:

Plan XXXX Possi Dev

4-24-98

954-970-0708