

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000086682 (7)**

1. Corporation Name
S S S WELDERS, INC.

Principal Place of Business 555 WIMBROW DRIVE SEBASTIAN FL 32958	Mailing Address 555 WIMBROW DRIVE SEBASTIAN FL 32958-4377
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2. Principal Place of Business 21 11105 AIRPORT DR Suite, Apt. #, etc.		2a. Mailing Address 26 PO BOX 92 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/18/1996	3a. Date of Last Report N/A
22 SEBASTIAN FL		27 ROSELAND FL		4. FEI Number 65-0713315	Applied For <input type="checkbox"/> Not Applicable
23 32958	Country IND. RIVER	29 32957	Country IND. RIVER	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent KENNEY, MICHAEL ALLEN 555 WIMBROW DRIVE SEBASTIAN FL 32958				10. Name and Address of New Registered Agent	
				81 Name KENNEY, MICHAEL ALLEN	
				82 Street Address (P.O. Box Number is Not Acceptable) 11105 AIRPORT DR	
				83	
				84 City SEBASTIAN	85 Zip Code FL 32958

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 *Michael A. Kenney* **Michael A. Kenney** **VPD** **4/10/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	PULLIAM, KATHLEEN K 14005 NORTH INDIAN RIVER DR. SEBASTAIN FL 32958 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE VPD	FINSTER, LEONARD A 555 WIMBROW DRIVE SEBASTIAN FL 32958 <input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME FINSTER, LEONARD A	
STREET ADDRESS		2.3 STREET ADDRESS 555 WIMBROW DRIVE	
CITY - ST - ZIP		2.4 CITY - ST - ZIP SEBASTIAN, FL 32958	
TITLE S	FINSTER, CONSTANCE E 555 WIMBROW DRIVE SEBASTIAN FL 32958 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE TD	KENNEY, MICHAEL ALLEN 11105 AIRPORT DRIVE SEBASTAIN FL 32958 <input type="checkbox"/> DELETE	4.1 TITLE VICE PRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME KENNEY, MICHAEL ALLEN	
STREET ADDRESS		4.3 STREET ADDRESS 11105 AIRPORT DRIVE	
CITY - ST - ZIP		4.4 CITY - ST - ZIP SEBASTIAN, FL 32958	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE TREASURER D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME KENNEY, SANDY L	
STREET ADDRESS		5.3 STREET ADDRESS 11105 AIRPORT DRIVE	
CITY - ST - ZIP		5.4 CITY - ST - ZIP SEBASTIAN, FL 32958	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, changed, or on an attachment with an address.

SIGNATURE: *Sandy Kenney* **SANDY KENNEY** **4/10/97** **561-388-4026**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)