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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600086682 (7)

S S S WELDERS, INC.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business Mailing Address 11105 AIRPORT DRIVE P.O. BOX 92 SEBASTIAN FL 32958 ROSELAND FL 32957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0713315 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Ζιρ This corporation owes or has pald the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name KENNEY, MICHAEL ALLEN 11105 AIRPORT DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SEBASTIAN FL 32958 83 84 City 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 (NOTL: flegistored Agent signature required when reinstating) Signature, typed or printed natural of registered agent and title (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. To DELETE Change Addition TITLE KENNEY, SANDY L NAME 1.2 NAME CR2E034 11105 AIRPORT DRIVE STREET ADDRESS 1.3 STREET ADDRESS **SEBASTIAN FL** CITY-ST-ZIP 1.4 CITY - ST - 7/P DELETE Change Addition TITLE 2.1 TITLE FINSTER, LEONARD A NAME 2.2 NAME **555 WIMBROW DRIVE** STREET ADDRESS 2.3 STREET ADDRESS **se**bastian fl CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE FINSTER, CONSTANCE E 3.2 NAME NAME **555 WIMBROW DRIVE** STREET ADDRESS 3.3 STREET ADDRESS **SEBASTIAN FL 32958** CITY-ST-21P 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE KENNEY, MICHAEL ALLEN NAME 4. 2 NAME 11105 AIRPORT DRIVE STREET ADDRESS 4.3 STREET ADDRESS **SEBASTAIN FL** CITY-ST-ZIP 4.4 City - St - ZiP DELETE Change Addition TITLE 5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CI1Y - S1 - ZIP

14. Thereby certify that the information supplied with this filling 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.