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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036975 (5)

ANYTHING WELDED, INC.

Principal Place of Business	Mailing Address
5998 S.W. 44TH STREET DAVIE FL 33314	5131 S.W. 101 TERRACE COOPER CITY FL 33328

## FILED Apr 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1997

	Principal Place of Business 2a. Mailing Address				65-0755809 /	Applied For		
21   26   Suite. Apl. #, etc.   Suite. Apt. #, etc.		<del></del>		·	Not Applicable			
27		· ———————			75 Additional se Required			
City & State						.00 May Be		
23 28				<del> </del>	<del>                                     </del>	ded to Fees		
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the current year Intengible			
24	g. Name and Address of Current	Registered Agent	[30]	Personal Property Tax due June 30. Yes You				
}								
MCKENNEY, CARL A 5998 S.W. 44TH STREET								
DAVIE FL 33314			82	82 Street Address (P.O. Box Number is Not Acceptable)				
DAVIE PL 33314			83	83				
				84 City FL 85 Zip Code				
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida S	tatutes, the above	ne 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 ager	and title if applicable	(NO1: Registered Age	ent signature require	d when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12		
TITLE	DP	DELETE	1.1 TITLE		☐ Cha	inge 🔲 Addition		
NAME	MCKENNY, CARL A	MCKENNY, CARL A 1,21		į		Į.		
STREET ADDRESS			1.3 STREET	ADDRESS		l.		
CITY-\$1-ZIP	COOPED CITY EL 00000		1.4 CITY - S	T-ZIP				
TITLE	VD	DELETE	2.1 TITLE		☐ Cha	nge Addition		
NAME	MCKENNY, DIANA		2.2 NAME	ŀ				
STREET ADDRESS				ADDRESS				
CITY - ST - ZIP	COOPER CITY FL 33328		2.4 City - 8	ST-ZIP				
TITLE	, , , ,	☐ DELFTE	3.1 TITLE		☐ Cha	nge 🔲 Addition		
NAME			3.2 NAME	Ì		]		
STREET ADDRESS			3.3 STAFET	ADDRESS				
CITY-ST-ZIP			3.4. CITY - 5	ST- ZIP				
TITLE		OELETE	4.1 TITLE	l	☐ Cha	nge 🔲 Addition		
NAME			4. 2 NAME	1		ļ		
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	1-ZIP				
TITLE		DELETE	5.1 TITLE		Cha	nge Addition		
NAME			52 NAME	1				
STREET ADDRESS			5.3 STREET			1		
CITY-ST-ZIP			5.4 CITY-\$	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE		<u>↓</u> Cha	nge L Addition		
NAME			6.2 NAME			]		
STREET ADDRESS			6.3 STREET	ì		}		
City-St-Zir	atifut that the information are the district	a thin tiling days not a set	6.4 CiTY-S		cotion 140 07/200) Florido Crot. too 1 fuet	t the information		
14. I 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, 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 or myowered to execute this report as required by Chapter 607, 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 or myowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this 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.								