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 # P97000059347 (9)

C.G.M. MOBILE WELDING & FABRICATING INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								t bootibbit 214 term 500st dott dott mord en.	** 81714 14148 1	ant Rikt	1 1985 1981	
3700B NORTHWEST 16 ST. 3700B NORTHWEST 16 LAUDERHILL FL 33311 LAUDERHILL FL 33311					T.							
PAUDENHILL	rL \$3311	LAU	LAUDERHILL FL 33311					DO NOT WRITE IN THIS SPACE				
								 Date Incorporated or Qualified 07/07/1997 				
2. Principal P	ace of Business	2a. M	2a. Mailing Address					4. FEI Number		Apı	olied For	
21		26						65-0766179			Not Applicable	
Suite, Apt.	#, 6 (c.	├ ──¬	Suite, Apt. #, etc.					5. Certificate of Status Desired	sired S8.75 Additional Fee Regulred			
City & State)		City & State					Election Campaign Financing \$5.00 May Be				
23		28						Trust Fund Contribution Added to Fees				
Zip	Country	—ı	——————————————————————————————————————			untry		8. This corporation owes or has paid the				
24	25 29 30 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Pes No. 10. Name and Address of New Registered Agent					l No		
1501		n Hegistei	ea Agent		81	Name	1	U. Hame and Address of New Registo	eu Ageill			
WILLIAMS, CLYDE H 3700 8 Northwest 16 St.					62	-	Address	dress (P.O. Box Number is Not Acceptable)				
LAI	JDERHILL FL 33311				63							
					84	City			=L 85	Zip C	ode	
dd Directori	the previous of Continue CO7.060	0 554 607	1500 Clorida Clatus	on the s		, named				sina ite	togiclored.	
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 tile if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
12.		le (NOTE: Registered Agent signature re			required w	ADDITIONS/CHANGES TO OFFICERS		CTOR!	S IN 12			
TITLE	OFFICERS AN	DIMEGI	DELETE	1.1 II	TLE			ADDITIONS/OFFANGES TO OFFICE TO	☐ Ch		Addition	
NAME	WILLIAMS, CLYDE H		_	1.2 N	AME					-	- ;	
STREET ADDRESS	5881 NORTHWEST 18 COUR	T	1.3 \$			1.3 STREET ADDRESS						
CITY-ST-ZIP	SUNRISE FL 33313			1.4 C	11Y - S	T-ZIP						
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NAME	Williams, Elfreda		•			2.2 NAME 2.3 STREET ADDRESS						
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NAME				5.2 N		İ				-		
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					TY-5	1						
TITLE			DELETE	6.110					☐ Ch	ange	Addition	
NAME				6.2 N	AME							
STREET ADDRESS				6.3 S	TREET	ADDRESS						
CITY-ST-ZIP			<u> </u>		ITY-S							
	andle that the information equalised u	ills thin filin	a done not cuplify t	or the ev	omo	ion state	d in Soc	stion 110 07/3/(i) Florida Statutos I furthe	or contifu th	at the	information	

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes. Turner certify that the information indicated on this annual report or suppliemental 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.