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(Requestor's Name)				
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(Addre	ess)			
(City/S	State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
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(Docu	ment Number)			
Certified Copies	Certificates	s of Status		
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Special Instructions to Fili	ng Officer:			

Office Use Only



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SECRETARY OF STATE OF STATE OF CORPORATIONS

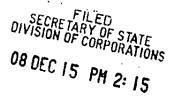
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COVER LETTER

TO: Amendment Section Division of Corporations

	ME DECULOMBANY			
SUBJECT:	WELDTECH COMPANY			
	(Name of Corporation)			
DOCUMENT NUMB	ER:P98000009318			
The enclosed Officer/D	irector Resignation for a Corporation and fee are submitted for filing			
Please return all corresp	condence concerning this matter to the following:			
WII	LIAM C WARREN			
(Name of Person)			
WE	LDTECH COMPANY			
(Nam	e of Firm/Company)			
16445	COUNTY ROAD 455			
	(Address)			
MONT	VERDE FL 34756-3602			
(City	/State and Zip Code)			
For further information	concerning this matter, please call:			
WILLIAM C V	at ()			
(Name o	f Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for	\$35.00 made payable to the Florida Department of State.			
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center (Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Circle Tallahassee, FL 32314			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



1.	MARIA WARREN		, hereby resign as_	PRES/CHAIR/SECR/REAS
·,			, <u>,</u> <u></u>	(Title)
of	WELDTECH COMPNA	¥Υ		
~- <u>-</u>	(Namo	e of Corporation	n)	,
	P98000009318	. a corpora	ntion organized und	ler the laws of the State of
	(Document Number, if known)	,		
	FLORIDA	·		
			/	
		Mau	alliano	
		Signature of re	signing officer/director	or)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314