

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000037683

1. Corporation Name

LAW WELDING & DESIGNS INC.

Principal Place of Business

Mailing Address

1650 ACME ST. ORLANDO FL 32805 1650 ACME ST. ORLANDO FL 32805

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90204 042 ***150.00



DO NOT WRITE IN THIS SPACE

	•				3. Date Incorporated or Qualifed			
					04/24/1998			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		lied For	
21 26					59-3508271		Applicable	
Suite, Apt#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	e	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip Cour 30			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		⊒No _	
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Ag	ent		
			81	Name			,	
LAW, ANGIE							——-┤	
9904 LANCEWOOD ST.				82 Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32817								
			84	City	FL	85 Zip C	ode	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authons of, Section 607.0505, Florida	onzed by a Statutes	ine corpo	corporation submits this statement for the purpose of charation's board of directors. I hereby accept the appointment of the control of the c	nent as reg	istered	
				gistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.		DELETE	1.1 TITLE			Change	Addition	
TITLE	D	- Bettere			<i>P10</i>			
NAME	LAW, DONALD		1.2 NAME		LAW, DONALD		}	
STREET ADDRESS 9904 LANCEWOOD ST.			1.3 STREET		9904 LANCEWOOD ST		į	
CITY-ST-ZIP	ORLANDO FL 32817		1.4 CITY-S	r-ZIP	ORLANDO, FL. 32819	1101	(5) (4.00-a)	
TITLE	☐ DELETE 2.1 TO		2.1 TITLE		V/S/T/D	Change	X Addition	
NAME			2.2 NAME		LAW, ANGIE			
STREET ADDRESS			2.3 STREET	ADDRESS	9904 LANCEWOOD ST		ļ	
CITY-ST-ZIP``		<u> </u>	2.4 CITY- S	T- ZIP	ORIAN DO, FL 32819 '			
TITLE		☐ DELETE	3.1 TITLE			_ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	<u> </u>			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME				1	
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ADDRESS				
			5.4 CITY-S					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition	
NAME		<u> </u>	6.2 NAME		·			
	Merst wii		6.3 STREET	ADDRESS				
	FARINGA ED		6.4 CITY-S					
CITY-ST-ZIP (S. 1)	ENTERNAL CARTER OF		0.4 (11 1-3)	- 4. IF				

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; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13 /99 Date 401-246-1880 Daytime Phone # RSE034 (11/98)