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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

CHIN, WING Y. 8204 GONDOLA DR.

ORLANDO FL 32809

Suite, Apt. #, etc.

City & State

8204 GONDOLA DR.

ORLANDO FL 32609

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V04827

(4)

Mailing Address 8204 GONDOLA DR.

ORLANDO FL 32809-6735

2a. Mailing Address

City & State

Zip

Suite. Apt. #, etc.

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WELD STAR TECHNOLOGY, INC.

Country

9. Name and Address of Current Registered Agent

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FILED Apr 25 1997 8:00am Secretary of State 3. Date Incorporated or Qualified 3s. Date of Last Report 01/06/1992 04/18/1996 4. FEI Number Applied For 59-3104803 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes V No Florida Statutes 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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.

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Country

Name

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SIGNATURE	Signature, type d or painted name of registered agent and title diapplicable (NOTE:	Regislered Agent signature	required when reinstating) DATE	-
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	٦
TITLE	V DELETE	1.1 TITLE	PRESIDENT Change X Addition	in
NAME	BRUMWELL, ANNA	1.2 NAME	Chin, Wing Y.	
STREET ADDRESS	718 OXFORD HILLS DR	1.3 STREET ADDRESS		Ì
City - St - ZiP	MARYVILLE IN 37803	1.4 CITY-ST-ZIP	Orlando FL 32809	
TITLE	DELETE	2,1 TITLE	Vice President □ Change ▼ Additio	'n
NAMÉ		2.2 NAME	Tillman, Jennifer C.	
STREET ADDRESS		2.3 STREET ADDRESS	Rt. 7, Box 1006	j
CHY-ST-ZIP		2. 4 CITY - ST - ZIP	Beaumont TX 77713	
†:TLF	☐ DELETE	31 TITLE	Change Addition	n
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADORESS		
CITY ST ZIP		3.4. CITY - ST - ZIP		
TOTALE	DELETE	4.1 TITLE	Change Addition	ın
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		1
CITY - ST. ZIP		4.4 CITY-ST-ZIP		┛
THLE	☐ DELETÉ	5.1 TITLE	Change Addition	л
NAME		5.2 NAME	,	Ì
STREET ADDRESS		5.3 STREET ADDRESS		
CHY-SI-ZP		5.4 CITY+ST-ZIP	100	_]
Tall	☐ DELETE	6.1 TITLE	Change Addition	'n
NAME		6.2 NAME		-
STREET ADDRESS		6.3 STREET ADDRESS		
CITY - ST-ZIP		6.4 CITY-ST-ZIP		J

14. Los 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 charged, or on an unachment with an address.

SIGNATURE:

HEQUIRED

4/18/97

407-855-1505

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