


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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>V15243</i> 1. Corporation Name PETROLEUM SPECIALTIES FABRICATION CORP.					
Principal Place of Business 2313 SILVERSTAR RD ORLANDO, FL 32804			Mailing Address P.O. BOX 547818 ORLANDO, FL 32854		
2. Principal Place of Business 21 2313 SILVERSTAR ROAD		2a. Mailing Address 26 PO BOX 547818		3. Date Incorporated or Qualified 02/17/92	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3104996	
City & State 23 ORLANDO, FL		City & State 28 ORLANDO, FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32804		Zip 29 32854		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30 ORANGE		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ARUL MANOHARAN 2313 SILVERSTAR ROAD ORLANDO, FL 32804			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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. SIGNATURE: <i>[Signature]</i> 04.25.97 Signature type for printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 12.1 <input type="checkbox"/> DELETE NAME: RICHARD REISELT STREET ADDRESS: 2313 SILVERSTAR RD CITY-STATE-ZIP: ORLANDO, FL 32804 12.2 <input type="checkbox"/> DELETE NAME: ARUL MANOHARAN STREET ADDRESS: 2313 SILVERSTAR RD CITY-STATE-ZIP: ORLANDO, FL 32854 12.3 <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP: 12.4 <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP: 12.5 <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		
14. I do 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 is dated on the 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, or on an attachment with an address. SIGNATURE: <i>[Signature]</i> ARUL MANOHARAN 04.25.97 407-299-9044 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)