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

PROFIT CORPORATION



PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS		<b>ham</b> ite	Jan 15 1998 8:00am Secretary of State
1. Corporation	MENT # V17230 W MACHINE & WELD, INC.	6 (3)			
Annoi	W WACHINE & WELD, MC.				A Habit annut crait crait chair hite are actif aren alou bien and actif aren
Principal Plac	ce of Business	Mailing Address			
315 PAINT S		-	315 PAINT STREET		
#3 ROCKLEDGE	E1 99055	#3	#3 ROCKLEDGE FL 329 <del>5</del> 5		DO NOT WRITE IN THIS SPACE
ROOKLLOGE	TL 02000	NOUNLEDGE FL 32333	,		3. Date Incorporated or Qualified
2 Principal F	Place of Business	2a. Mailing Address		<u> </u>	02/26/1992 4. FEI Number   Applied For
21	Tace of business	26. Maining Address			4. FEI Number   Applied For   Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional
City & State		City & State			Fee Hequired
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	_	untry	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curren	29    t Registered Agent	30	<del></del>	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
BI	NG, PAT Y.			81 Name	
255 FORECAST LANE				82 Street Add	dress (P.O. Box Number is Not Acceptable)
ROCKLEDGE FL 32955				83	
					Int Tu Cada
				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.					
\	im familiar with, and accept the obliga	ttions of, Section 607.0505, F	Florida Sta	tutes.	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NC	OTE: Registere	ed Agent signature requi	ulred when reinstating) DATE
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	P Bing, pat y.	L. Valeit	1.1 T 1.2 N		Litange — Addition
STREET ADDRESS	255 FORECAST LANE			TREET ADDRESS	Įş
CITY+ST-ZIP	ROCKLEDGE FL		1.4 0	CITY-ST-ZIP	
TITLE	VT	DELETE	2.1 T	l l	Change
NAME CERCET LOCOCCO	CRIGGER, JR. J L. 4514 SEATTLE ST		2.2 N		
STREET ADORESS CITY-ST-ZIP	COCOA FL			TREET ADDRESS CITY-ST-ZIP	
TITLE	VS	DELETE	3.1 T		☐ Change ☐ Addition
NAME	VESZEL!, JANOS		3.2 N	AME	
STREET ADDRESS	701 S PALM AVE			TREET ADDRESS	
CITY-ST-ZIP TITLE	INDIALANTIC FL	☐ DELETE	3.4. 0 4.1 Ti	CITY-ST-ZIP	Change Addition
NAME			4	NAME	J Oracingt , reduction
STREET ADDRESS				TREET ADDRESS	
CITY-ST-ZIP			4.4 C	TY-ST-ZIP	
TITLE		☐ DELETE	5.1 Ti	1	☐ Change ☐ Addition
NAME CEDET ADOPTED			5.2 N	l	
STREET ADORESS CITY-ST-ZIP				TREET ADDRESS	ł
TIFLE		DELETE	6.1 TI		☐ Change ☐ Addition
NAME			6.2 N	AME	
STREET ADDRESS			- i	TREET ADDRESS	
CITY-ST-ZIP	certify that the information supplied wi	th this filing does not qualify		ity-st-ziP emption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	on this annual report or supplementa	annual report is true and ac	curate an	d that my signatu	are shall have the same legal effect as if made under path; that I am an

indicated on this administration of supplies in a minimal report is true and accurate and triat my signature shall have the same legal effect as it made under oath; that I am a officer or director of the corporation or the receiver-situates empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if an angel, or on an attachment with an address.

**FILED**