

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 714576 (6)  
1. Corporation Name  
**WELLINGTON TOWERS, INC.**



Principal Place of Business: 1701 SOUTH OCEAN DR, HOLLYWOOD FL 33019  
Mailing Address: 1701 SO. OCEAN DR. 204, HOLLYWOOD FL 33019-2407, US

3. Date Incorporated or Qualified: 05/09/1968  
3a. Date of Last Report: 04/28/1995  
4. FEI Number: 23-7024716  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERN, JOSEPH PRESIDENT  
1701 S OCEAN DR #204  
HOLLYWOOD FL 33019

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	URSINI, MAURICE	
STREET ADDRESS	1701 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARRON, BERTRAM	
STREET ADDRESS	1701 SOUTH OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LANDERS, FLORENCE	
STREET ADDRESS	1701 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AGRILLO, JOSEPH	
STREET ADDRESS	1701 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ETHERIDGE, HERBERT	
STREET ADDRESS	1701 S. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CERENGHINI, LORRAINE	
STREET ADDRESS	1701 SO. OCEAN DR.	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Bertram M. Barron* BERTRAM M. BARRON 4/17/96 9596378  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)