

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**  
**Aug 22 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748612 (9)**  
1. Corporation Name  
**SECOND WELLINGTON, INC.**



Principal Place of Business <b>11809 POLO CLUB ROAD WEST PALM BEACH FL 33414</b>	Mailing Address <b>11809 POLO CLUB ROAD WEST PALM BEACH FL 33414</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/23/1979</b>	3a. Date of Last Report <b>04/08/1996</b>
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2. Principal Place of Business 21 <b>11199 Polo Club Road</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>11199 Polo Club Road</b> Suite, Apt. #, etc.
22 City & State 23 <b>Wellington, FL</b>	27 City & State 28 <b>Wellington, FL</b>
24 Zip <b>33414</b> Country <b>U.S.A.</b>	29 Zip <b>33414</b> Country <b>U.S.A.</b>

4. FEI Number <b>59-1936164</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCLAUGHLIN, R.C.  
11809 POLO CLUB RD  
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

81 Name <b>Sal V. Spano</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>11199 Polo Club Road</b>
83
84 City <b>Wellington</b> FL 85 Zip Code <b>33414</b>

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 *Sal V. Spano* DATE *7/21/97*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MCLAUGHLIN, R.C.</b>	
STREET ADDRESS <b>11809 POLO CLUB RD</b>	
CITY-ST-ZIP <b>W PALM BCH. FL 33414</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>SKINNER, HAROLD</b>	
STREET ADDRESS <b>11809 POLO CLUB RD.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33414</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LOBASZ, M.T.</b>	
STREET ADDRESS <b>11809 POLO CLUB RD.</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33414</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Sal V. Spano</b>	
1.3 STREET ADDRESS <b>11199 Polo Club Road</b>	
1.4 CITY-ST-ZIP <b>Wellington, FL 33414</b>	
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 <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Allen B. Snow</b>	
3.3 STREET ADDRESS <b>11199 Polo Club Road</b>	
3.4 CITY-ST-ZIP <b>Wellington, FL 33414</b>	
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 does not qualify for the exemption stated in Section 119.07(3)(j), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Sal V. Spano* **REQUIRED**

CF2E037 (4/97)