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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K68419** (6)
1. Corporation Name
DORNUM WELLINGTON, INC.

Principal Place of Business Mailing Address
% C T CORPORATION SYSTEM **% C T CORPORATION SYSTEM**
8751 W BROWARD BLVD **8751 W BROWARD BLVD**
PLANTATION FL 33324-2630 **PLANTATION FL 33324-2630**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1200 S. Pine Island Rd.		26 1200 S. Pine Island Rd.		02/27/1989	02/07/1994
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0178366	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Plantation, FL		28 Plantation, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 33324	25 Broward	29 33324	30 Broward		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 _____ DATE _____
Signature typed or printed name of registered agent and filer (applicant) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST CODINA, RAMON CAMPOLLO	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8801 COLLIN AVE, UN #8-Z	12 NAME	
STREET ADDRESS	BAL HARBOR FL	13 STREET ADDRESS	50000 1451885
CITY ST ZIP		14 CITY - ST - ZIP	
TITLE	P CODINA, RAMON CAMPOLLO	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8801 COLLIN AVE, UN #8-Z	22 NAME	
STREET ADDRESS	BAL HARBOR FL	23 STREET ADDRESS	
CITY ST ZIP		24 CITY - ST - ZIP	
TITLE	V KING, SHEPARD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200-9 BISCAYNE BLV #1000	32 NAME	
STREET ADDRESS	MIAMI FL	33 STREET ADDRESS	1221 Brickell Avenue
CITY ST ZIP		34 CITY - ST - ZIP	Miami, FL 33131
TITLE	V BOTOS, MICHAEL	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	515 N. FLAGLER DR.	42 NAME	
STREET ADDRESS	WEST PALM BEACH FL	43 STREET ADDRESS	
CITY ST ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 110.07(3)(k), 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 its predecessor or trustee empowered to execute this report as required by Chapter 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or an official statement with an address.

SIGNATURE: *[Signature]* 3/21/95 055750587
DATE: 4-10-95