

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1996 APR 24 PM 1:16

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



700001793057

Principal Place of Business Mailing Address
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324-2630

3. Date Incorporated or Qualified **02/27/1989** 3a. Date of Last Report **04/10/1995**
4. FEI Number **65-0178366** Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	CODINA, RAMON CAMPOLLO	
STREET ADDRESS	9801 COLLIN AVE, UN #8-Z	
CITY - ST - ZIP	BAL HARBOR FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CODINA, RAMON CAMPOLLO	
STREET ADDRESS	9801 COLLIN AVE, UN #8-Z	
CITY - ST - ZIP	BAL HARBOR FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KING, SHEPARD	
STREET ADDRESS	1221 BRICKELL AVE	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BOTOS, MICHAEL	
STREET ADDRESS	515 N. FLAGLER DR.	
CITY - ST - ZIP	WEST PALM BEACH FL	
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	<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 checked="" type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	Gildan, Laurie L.
4.4 CITY - ST - ZIP	777 South Flagler Drive, Suite 310 East West Palm Beach, FL 33401
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/23/96** 305-579-0507
Signature and typed or printed name of signing officer or director Date Day, time Phone #

CR2E034 (12/95)

Handwritten initials/signature

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

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RECEIVED
96 APR 24 AM 11:32
DIVISION CORPORATION

ACCOUNT NO. : 072100000032
REFERENCE : 929558 4303929
AUTHORIZATION : *Patricia Pyrite*
COST LIMIT : \$ 200.00

ORDER DATE : April 24, 1996

ORDER TIME : 9:39 AM

ORDER NO. : 929558

CUSTOMER NO: 4303929

CUSTOMER: Myrna Anne Norman, Legal Asst
Greenberg Traurig Hoffman
20th Floor
1221 Brickell Avenue
Miami, FL 33131-3238

ANNUAL REPORT FILING

NAME: DORNUM WELLINGTON, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS: *AS*