FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L56942** **(0)**

1. Corporation Name

WELLS ROAD LAND COMPANY, INC.

Principal Place of Business

% PETER S. BROBERG
223 PERUVIAN AVE.
PALM BEACH FL 33480

Mailing Address

% PETER S. BROBERG
223 PERUVIAN AVE.
PALM BEACH FL 33480

3. Date Incorporated or Qualified: **03/14/1990**

3a. Date of Last Report: **02/14/1995**

4. FEI Number: **65-0186033** ☐ 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
21 | 22 Street Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 Street Apt. #, etc. | 28 City & State | 29 Zip | 30 Country

9. Name and Address of Current Registered Agent

BROBERG, PETER S.
223 PERUVIAN AVE.
PALM BEACH FL 33480

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 Section 607.0402 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 (Signature of new Registered Agent if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	**DPS**	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	**GOTTFRIED, ROBERT W.**		2 NAME	
STREET ADDRESS	**375 S. COUNTY ROAD**		3 STREET ADDRESS	
CITY-ST-ZIP	**PALM BEACH FL**		4 CITY-ST-ZIP	
2 TITLE	**DVT**	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	**TSAI, GERALD**		6 NAME	
STREET ADDRESS	**702 N. COUNTY ROAD**		7 STREET ADDRESS	
CITY-ST-ZIP	**PALM BEACH FL**		8 CITY-ST-ZIP	
3 TITLE		☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME			10 NAME	
STREET ADDRESS			11 STREET ADDRESS	
CITY-ST-ZIP			12 CITY-ST-ZIP	
4 TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
5 TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
6 TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

CR2E034 (12/95)

14. I 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)(i), 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 added by this amendment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #