FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

, oo poranc	WELL ENTERPRISES, INC.		(6)					
Principal Plac	ce of Business	Mailing Address				E OBRAN BOOK ONER ANK BOOK HARAFADO	i 11811 Oldii Cheil Sibil d	JODI UFOTE INDE
P.O. BOX 101 SORRENTO FL 32776		P.O. BOX 101 SORRENTO FL 32776-0101						
2. Principal F	Place of Business	2a. Mailin	g Address			3. Date Incorporated or Qualified 05/14/1974 4. FEI Number	3a. Date of Las 02/16/199	•
21		26				у прриод у		Not Applicable
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				\$8.7	5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & Sta	te	City &	State			6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip		Cou	ntry	8. This corporation has liability for		er s. 199.032,
24			29 30			Florida Statutes Yes No 10, Name and Address of New Registered Agent		
	9. Name and Address of Current Registered Agent					IV. Name and Address of New As	distance whole	
TREADWELL, MARY A. 31535 SUMMIT ST.					81 Name			
SORRENTO FL 32776					82 Street Address (P.O. Box Number is Not Acceptable)			
001	THE WITCHE GETTO			İ	83			
				-	84 City		 85 Z	Zip Code
					City	FL S Zip Code		
office or agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Stgnature, typed or printed name of registered as	e of Florida, Suc gations of, Section gent and title if applicat	h change was on 607.0505, F	authorized lorida State	d by the corporates.	rporation submits this statement for the pation's board of directors. I hereby acception when reinstating:	pt the appointment	as registered
12.	· · ·	ND DIRECTORS	—	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PST		☐ DELETE	1.1 HR			☐ Chan	ge L Addition
NAME	TREADWELL, MARY A			1.2 NA				
STREET ADDRESS	31535 SUMMIT ST			4	REET ADDRESS			
CITY-ST-ZIP TITLE	SORRENTO FL 32776		DELETE	1.4 CI 2.1 TII	Y-\$T-ZIP		Chan	ge Addition
NAME	TREADWELL, MIKE R.		>ccl.ic	2.1 HI			C CHAIN	o Library Cil
STREET ADDRESS	P.O. BOX 101 N/A				REET ADDRESS			
CITY-ST-ZIP	SORRENTO FL 32776-0101				TY-ST-ZIP			
TITLE	OCHILENTO TE GETTO GIGT		DELETE	3.1 111			Chan	ge Addition
NAME			 .	3 2 NA	ļ .			· —
STREET ADDRESS				3.3 ST	REET ADDRESS			
CITY-ST-ZIP				3 4. CI	TY-ST-ZIP			
TITLE			DELETE	4.1 TIT			☐ Chan	ge Addition
NAME				4. 2 N/	ME			
STREET ADDRESS				4.3 ST	REET ADDRESS			
CITY-ST-ZIP				4.4 (0)	Y-ST-ZIP			
TITLE			DELETE	5.1 TIT	LE		☐ Chang	ge Addition
NAME				5.2 NA				
STREET ADDRESS				5.3 ST	REET ADDRESS			

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

Addition

Change

Feb 13 1997 8:00am

Secretary of State