

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 816853 (6)
1. Corporation Name
THE WEALDEN COMPANY



Principal Place of Business Mailing Address
2805 82ND AVE 2805 82ND AVE
VERO BEACH FL 32961 VERO BEACH FL 32961
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/19/1963	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		51-0099612	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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 checked="" type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MINNICH, MARGARET W			1.2 NAME			
STREET ADDRESS	354 LONE OAK DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	THOUSAND OAKS CA			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETTITT, JEAN W			2.2 NAME			
STREET ADDRESS	1100 N 20TH STREET			2.3 STREET ADDRESS	182 EVENS ROAD		
CITY-ST-ZIP	PHOENIX-AZ			2.4 CITY-ST-ZIP	SUMMERLAND, CA 93067		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHARTON, KENNETH B			3.2 NAME			
STREET ADDRESS	2810 HILLEGASS AVENUE, #204			3.3 STREET ADDRESS			
CITY-ST-ZIP	BERKELEY CA			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETTITT, DAVID J.			4.2 NAME			
STREET ADDRESS	1100 N 20TH STREET			4.3 STREET ADDRESS	182 EVENS ROAD		
CITY-ST-ZIP	PHOENIX-AZ			4.4 CITY-ST-ZIP	SUMMERLAND, CA 93067		
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MINNICH, RICHARD T.			5.2 NAME			
STREET ADDRESS	354 LONE OAK DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	THOUSAND OAKS CA			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS	300002480833		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	-04/07/98--01039--004		

14. I 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 supplementary 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 3/29/00 805 373 1811

CR2E034 (10/97)