## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## FILED

98 DEC 28 PH 12: 27

	<u> </u>		] 20 DEG E	0 11115.51
1. Name of Limited Partnership	1a. DOCUMENT # A9300000947		SECRETARY OF STATE TALLAHASSEE. FLORIDA	
WELLCORP A INVESTORS, LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
3 <del>001 PGA BLVD STE: 1000 -</del> P <del>ALM-BEAGH GARDENS-FL-33410</del>	9801 PGA BLVD. STE. 1000 — PA <del>LM BEACH CARDENS FL 9341</del> 0		09/13/1993 3a. Date of Last Report 12/30/1997	\$1,000.00  5b. Amount of Capital Contributions in FLORIDA
2. M	2a. Principal Office Address		4. State or Country of Formation	to date:
Suite, 222 Lakeview Avenue 17th Floor City & West Palm Beach, FL Zip 33401	222 Lakeview Ave 17 <sup>th</sup> Floor Ci West Palm Beach, 21; 33401		FL 6. FEI Number 65-0436724 7. Certificate of Status Desired 8. Make check payable to: Dept. of S	Applied For Not Applicable \$8.75 Additional Fee Required state (See reverse side for fee information)
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
JUPAN, LAWRENCE B ESQUIRE 3801 PGA BLVD., STE. 1000 PAEM BEACH GARDENS FL 33410		Street Address 22 Sulte, Apt. #, e 1	egserv Corp. 22 Lakeview Avenue 7 <sup>th</sup> Floor /est Palm Beach	33401
Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the State of Florida, submits this statement are partner(s). I hereby accept the appointment of registered viral partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligation of the State of Florida, submits this statement agent. I am familiar with, and accept the obligation of the State of Florida, submits this statement agent. I am familiar with, and accept the obligation of the State of Florida, submits this statement agent. I am familiar with, and accept the obligation of the State of Florida, submits this statement agent. I am familiar with, and accept the obligation of the State of Florida, submits this statement agent. I am familiar with, and accept the obligation of the State of Florida, submits this statement agent. I am familiar with, and accept the obligation of the State of Florida, submits this statement agent. I am familiar with, and accept the obligation of the State of Florida, submits this statement agent. I am familiar with a statement agent. I am familiar with				
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner 446	City, State & Zip Code	11c. Registration/
WELLCORP A EQUITY CORPORATIO	ZZZ Dake (6 W 11 Voltae		est Palm Beach, FL 401	CRZED03 (86)88)
			500002 -01/20/ ****1	7472153 /9901023013
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 629. Social Statutes.				
SIGNATURE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DATE	1-10

Typed or Printed Name of General Partner Signing Form \_

Patrick J. DiSalvo

\_\_\_ Daytime Telephone Number 5 &

655-9008

Vice President