

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

FILED
May 14 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # H77633 (6)
1. Corporation Name
WELLPARC, INC.

| | |
|--|--|
| Principal Place of Business 3111 FORTUNE WAY, #B-18 330 BISCAYNE BLVD W. PALM BEACH FL 33414-8788 | Mailing Address 3111 FORTUNE WAY, #B-18 330 BISCAYNE BLVD W. PALM BEACH FL 33414-8707 |
|--|--|

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 09/17/1985 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-2593939 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent
WALLACE, MILTON J.
100 SE 2ND ST., 21ST FLOOR
MIAMI FL 33131

| |
|--|
| 10. Name and Address of New Registered Agent 1 Name 2 Street Address (P.O. Box Number is Not Acceptable) 3 4 City FL 85 Zip Code |
|--|

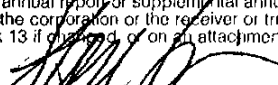
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------|
| TITLE | PD |
| NAME | PERTNOY, RONNIE |
| STREET ADDRESS | 3111 FORTUNE WAY |
| CITY-ST-ZIP | WEST PALM BEACH FL |
| TITLE | VPD |
| NAME | SHAPIRO, STEVEN |
| STREET ADDRESS | 3111 FORTUNE WAY |
| CITY-ST-ZIP | W. PALM BEACH FL |
| TITLE | SD |
| NAME | WALLACE, MILTON J. |
| STREET ADDRESS | 330 BISCAYNE BLVD. |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | TD |
| NAME | PERTNOY, SIDNEY M. |
| STREET ADDRESS | 330 BISCAYNE BLVD. |
| CITY-ST-ZIP | MIAMI FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| 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 type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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 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.

SIGNATURE: 

5/12/97

561-797-1852

CR2E034 (9/96)