

FILED

Jun 04 1997 8:00am
Secretary of State

FILE NOW! FILING DEADLINE AFTER MAY 1 IS \$2165.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthem Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J33645 (9)
 1. Corporation Name
WELLINGTON ELECTRIC INC.

Principal Place of Business 11496 PIERSON RD #C9 WEST PALM BEACH FL 33414	Mailing Address 11496 PIERSON RD #C9 WEST PALM BEACH FL 33414
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2. Principal Place of Business 31 3500 Fairlane Farms Rd #7		2a. Mailing Address 26 3500 Fairlane Farms Rd #7		3. Date Incorporated or Qualified 09/17/1986	3a. Date of Last Report 05/01/96
2b. City & State 29 Wellington, FL		2c. City & State 28 Wellington, FL		4. FEI Number 59-2713389	Applied For <input checked="" type="checkbox"/> Not Applicable
2d. Zip 24 33414		2e. Zip 29 33414		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
2f. County 25 Palm Beach		2g. County 30 Palm Beach		6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
Name and Address of Current Registered Agent PALMER, ROBERT S. 14201 SNOWBERRY DRIVE WEST PALM BEACH FL 33414		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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 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 reinstating _____ DATE _____

12. OFFICERS AND DIRECTORS		13.	
TITLE PTVS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PALMER, RUTH T.		1.2 NAME	
STREET ADDRESS 14201 SNOWBERRY DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP W.PALM BCH. FL 33414		1.4 CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Palmer, Robert S.		2.2 NAME	
STREET ADDRESS 14201 Snowberry Drive		2.3 STREET ADDRESS	
CITY-ST-ZIP Wellington, Fla 33414		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Signature
 10000220931
 -06/11/97--01109--026
 ***165.00

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 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 oaths in Block 12, or Block 13, if changed, or on an attachment with an address.