

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

ADMITTED
1995

95 MAY 11 11 01 29
SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **K45166 (1)**

1. Corporation Name:
WELLINGTON ASSOCIATES OF BROWARD COUNTY, INC.

Principal Place of Business: **C/O JAMES H. WALKER
16115 S.W. 117TH AVE. 25
MIAMI FL 33177**

Mailing Address: **2015 MADISON ST.
SUITE 201
HOLLYWOOD FL 33177
US**

PLEASE PRINT IN THIS SPACE

3. Date Incorporation Completed 11/15/1988	3a. Date of Last Report 10/24/1994
4. FEI Number 65-0080883	Applied For <input type="checkbox"/> 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
7. Trade Corporation (as defined by Florida Statutes) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business: 21. 1747 Van Buren St.	2a. Mailing Address: 26. 1747 Van Buren St.
22. 920	27. 920
23. Hollywood Fl.	28. Hollywood, Fl.
24. 33020	25. U.S.A.
29. 33020	30. U.S.A.

9. Name and Address of Current Registered Agent: WALKER, JAMES H. 16115 S.W. 117TH AVE SUITE 25 MIAMI FL 33177	10. Name and Address of New Registered Agent: B1. Name: B2. Street Address (P.O. Box Number is Not Acceptable): B3. City: B4. State: FL B5. Zip Code:
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11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c), Florida Statutes, the above named corporation submits this statement for the purpose of changing the 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 this appointment as registered agent. I am aware with and accept the obligations of Sections 607.01(2)(b) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: DP WEINSTEIN, ROBERT	STREET ADDRESS: 2015 MADISON ST, S-201	14. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY: HOLLYWOOD	STATE: FL	15. STREET ADDRESS:	
ZIP: 33020		16. CITY: FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		17. NAME:	
		18. STREET ADDRESS:	
		19. CITY: FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		20. NAME:	
		21. STREET ADDRESS:	
		22. CITY: FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		23. NAME:	
		24. STREET ADDRESS:	
		25. CITY: FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		26. NAME:	
		27. STREET ADDRESS:	
		28. CITY: FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee appointed to receive the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE: *Robert M. Weinstein* **Robert M Weinstein** **4/26/95** **305-923-5320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR