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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS Page 1 of 2

FILED

APR 22 PH 3: 05

DOCUMENT # K68419 DORNUM WELLINGTON, INC.

(6)

STORE IVEY OF STATE
TALLARIAN DEE, FLORIDA Principal Place of Business Mailing Address % C.T. CORPORATION SYSTEM % C. T. CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324-2630			1200 SOL	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324-4413						···				
							3,	Date Incorporated or Qualified 02/27/1989		te of La: 24/199	st Report			
2. Principal Place of Business			2a. Mailir	2a. Mailing Address			4,	FEI Number			Applied For			
21			26	26			65-0178366				Not Applicable			
22	Suite, Apt. #, ctc.	Suite,	Suite, Apt #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Regulred					
221	City & State			City & State			8. Election Campaign Financing				\$5.00 May Be			
23			28					Trust Fund Contribution			led to Fees			
24	Ζιρ	Country 25	Zip 29	30	Country		8.	This corporation has liability for in Florida Statutes	intangible ] Yes		er s. 199.032,			
	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						Name				-				
						Street Add	Street Address (P.O. Box Number is Not Acceptable)							
					83									
					84	City			FL	85 2	Zip Code			
11								on submits this statement for the p						

agent (a	m familiar with, and accept the obligations of, Section 607.0	505, Florida Statutes	3.	ation a poard of directors. Thereby goodprine appointment	0111 215	rogistoroa
SIGNATURE	Signature, typical or printed name of registered agent and title if applicable.	(NOTE Registered Age	ani signalure rec	pured when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOR	S IN 12
TITLE	<b>PSTD</b> DELE	TE 1.1 TITLE			hange	Addition
NAME	CODINA CAMPOLLO, RAMON	1.2 NAME	1	50000215089	455.	
STREET ADORESS	9801 COLLIN AVE, UN #8-Z	1,3 STREET	ADDRESS			
CITY+ST-ZIP	BAL HARBOR FL	1.4 CITY - S	ST-ZIP			
TITLE	V DELL	ETE 2.1 TITLE			hange	Addition
NAME	KING, SHEPARD	2.2 NAME	Ì			
STREET ADDRESS	1221 BRICKELL AVE	2.3 STREET	ADDRESS			
CITY-S1-Z#	MIAMI FL 33131	2 4 CffY-1	ST-2iP			
TITLE	V DELI	ETE 3.1 TITLE			range	Addition
NAME	GILDAN, LAURIE L	3.2 NAME				
STREET ADDRESS	777 SOUTH FLAGLER DRIVE, STE 310 EAST	3 3 STREET	ADDRESS			
CiTY - ST - ZIP	WEST PALM BEACH FL 33401	3.4. CITY-1	ST-21P			
TITLE	☐ DELE	TE 4.1 TITLE		C	hange	Addition
NAME		4 2 NAME		1		
STREET ADDRESS		4.3 STREET	ADDRESS			
CHT-ST-ZIP		4.4 CITY - S	ST-ZIP			
TITLE	DELI	ETE 5.1 TITLE			hange	Addition
NAME		5.2 NAME	)			
STHEET ATIONESS		53 STREET	ADDRESS			
CHY-SI-ZP		5.4 CITY-5	37-ZIP			
TITLE	DELI	ETE 61 TITLE			hange	Addition
NAMÉ		6.2 NAME		$\mathcal{P}_{n}$	1.1.	,
STREET ADDRESS		6.3 STREET	ADDRESS	n,	WK	,
CHY-S1-ZIP		6.4 City - S	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 of the Deever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if charges or an attachment with an address.

SIGNATURE:

Davtime Phone #

0283984

K 68419 Page 2012



## FILED

97 APR 22 PN 3:05

ACCOUNT NO.

072100000032ARY OF STATE

REFERENCE

338980

4303929

AUTHORIZATION

COST LIMIT

April 22, 1997 ORDER DATE :

ORDER TIME :

10:19 AM

ORDER NO. : 338980-005

CUSTOMER NO:

4303929

CUSTOMER:

Ms. Jazmine Roman

Greenberg Traurig Hoffman

22nd Floor

1221 Brickell Avenue Miami, FL 33131-3238

## ANNUAL REPORT FILING

NAME:

DORNUM WELLINGTON, INC.

DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS: 4-22-97