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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90136 017 ***150.00

DOCUMENT # L18271

1. Corporation Name

WELLINGTON COMMUNICATIONS, INC.

Principal Place of Business Mailing Address						
3475 SHERIDAN STREET		3475 SHERIDAN STREET				
308		308 HOLLYWOOD FL 33021		DO NOT WRITE IN THIS SPACE		
HOLLYWOOD FL 33021		US		3. Date Incorporated or Qualified		
00					09/25/1989	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					65-0160053	Not Applicable
		Suite, Apt. #, etc.	. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
		28			Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country		This corporation owes the current year	
24	25		30		Personal Property Tax	Yes No
	9. Name and Address of Curro	ent Registered Agent			10. Name and Address of New Register	ad Agent
100	CELED TOTAL M		81	Name		
LOEFFLER, JOHN M. 5016 POLK ST			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
HUL	LYWOOD FL 33021		83			
!			84	City		85 Zip Code
				<u> </u>		L 00 Zip 0000
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1508, Florida Statute:	s, the above	the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505. Flori	da Statutes	ine corpore		, J
SIGNATURE						
	Signature, typed or printed name of registered as	<u> </u>		l signature requi	DATE DATE (CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	, _	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PD	C1 DECE 15	1 1 TITLE			[_ Change
NAME	LOEFFLER, JOHN M.		1.2 NAME			
STREET ADDRESS	5016 POLK ST		13\$TREET			
CITY-ST-ZIP	HOLLYWOOD FL 33021	Deserte	1 4 CITY-ST	· ZIP		Change Addition
TITLE	STD	☐ DELETE	2 1 TITLE			[] Change [] Audition
NAME	LOEFFLER, ALYSSA C		22 NAME			
STREET ADDRESS	5016 POLK ST		23 STREET	1		
CITY-ST-ZIP	HOLLYWOOD FL 33021		2 4 CITY S	— . —)iroctor	Change Arldition
TITLE		() DELETE	3.11.75	1	Sams	
NAME			32 NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(901 7-11 St. 4)	
STREET ADDRESS			3.3 STREET	ADDRESS 2	Larry Sams 1901 20th St. W Bradenten, PC 34205	
CITY-ST-ZIP		fincier	3.4 CITY-S	T-ZIP	long a son res, 10 0 1000	Change Addition
TITLE		[] DELETE	4 1 TITLE			C analige C Magneti
NAME			4 2 NAME			
STREET ADDRESS			43 STREET			
CITY- ST- ZIP		C) DELETE	4.4 CITY-S	r-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	51 TITLE 52 NAME			☐ Griedige ☐ Addition
NAME			11	ADDRESS		
STREET ADDRESS			5 3 STREET	1		
CITY-ST-ZIP		[] pricts	54 CITY-S' 61 TITLE	I · ZIP		Change Addition
TITLE		DELETE	N N	1		L] Change L] Addition
NAME			62 NAME	* ADDDCCC		
STREET ADDRESS			63 STREET	i		
CITY-ST-ZIP			6.4 CITY-S	r-ZI₽		

14. I 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 of on an attarginger with in ardress, with all other like empowered

SIGNATURE:

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3115199 9

54) 7C3 - 00 Daytime Phone # CR2E034 (11/9)