

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90107 050 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L36422

1. Corporation Name  
WELLCORP I, INC.

Principal Place of Business  
222 Lakeview Avenue  
17<sup>th</sup> Floor  
West Palm Beach, FL  
33401

Mailing Address  
222 Lakeview Avenue  
17<sup>th</sup> Floor  
West Palm Beach, FL  
33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/13/1989

4. FEI Number  
65-0176152

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ 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

JURAN, LAWRENCE B.  
3801 PGA BOULEVARD  
SUITE 1000  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

Regserv Corp.  
222 Lakeview Avenue  
17<sup>th</sup> Floor  
West Palm Beach 33401 Zip Code

11. Pursuant to office or reg agent, I am,

SIGNATURE

By: Regserv Corp.

I, named corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered

Mark Nussbaum via president April 27, 1999

signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DV SANDS, DONALD A.
STREET ADDRESS	3801 PGA BLVD, SUITE 1000
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DP RENDINA, BRUCE A.
STREET ADDRESS	3801 PGA BLVD, SUITE 1000
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	V DISALVO, PATRICK J
STREET ADDRESS	3801 PGA BLVD, SUITE 1000
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	V SINA, MALCOLM S
STREET ADDRESS	3801 PGA BLVD, SUITE 1000
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DV Donald A. Sands
1.3 STREET ADDRESS	222 Lakeview Ave., 17 <sup>th</sup> Floor
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DP Bruce A. Rendina
2.3 STREET ADDRESS	222 Lakeview Ave., 17 <sup>th</sup> floor
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V Patrick J. DiSalvo
3.3 STREET ADDRESS	222 Lakeview Ave., 17 <sup>th</sup> floor
3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Patrick J. DiSalvo Vice President

April 27, 1999

(561) 655-9008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)