

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L70748** (3)
1. Corporation Name
WELLTEP INTERNATIONAL, INC.



Principal Place of Business 1 FLORIDA PARK DR SOUTH STE - 324 PALM COAST FL 32137 US	Mailing Address 1 FLORIDA PARK DR SOUTH STE - 324 PALM COAST FL 32137 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 138 PALM COAST PKWY, N.E. Suite, Apt. #, etc. 22 192 City & State 23 PALM COAST, FL Zip 24 32137 Country 25 USA	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 05/07/1990	4. FEI Number 59-3011514 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOPEZ, LUIS A. 1 FLORIDA PARK DR SOUTH SUITE 324 PALM COAST FL	10. Name and Address of New Registered Agent <table border="1"><tr><td>81 Name</td><td></td></tr><tr><td>82 Street Address (P.O. Box Number is Not Acceptable)</td><td>138 PALM COAST PKWY, N.E., STE. #192</td></tr><tr><td>83</td><td></td></tr><tr><td>84 City</td><td>PALM COAST</td></tr><tr><td>85 State</td><td>FL</td></tr><tr><td>86 Zip Code</td><td>32137</td></tr></table>	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	138 PALM COAST PKWY, N.E., STE. #192	83		84 City	PALM COAST	85 State	FL	86 Zip Code	32137
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83													
84 City	PALM COAST												
85 State	FL												
86 Zip Code	32137												

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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, LUIS A.	1.2 NAME	
STREET ADDRESS	1 FLORIDA PARK DR #324	1.3 STREET ADDRESS	138 PALM COAST PKWY, N.E., STE. #192
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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.

SIGNATURE:  **LUIS A. LOPEZ** 2/18/97 904/437-5545

CR2E034 (1097)