FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:14

DOCUMENT # N44914 (2)

1. Corporation Name
EXCHANGE CLUB OF WELLINGTON, INC.

Principal Place of Business	Mailing Address
C/O LEWIS, VEGOSEN, ROSENBACH & FITZGERALD 500 SOUTH AUSTRALIAN AVENUE, 10TH FL W. PALM BEACH FL 33401	C/O LEWIS, VEGOSEN, ROSENBACH & FITZGERALD 500 SOUTH AUSTRALIAN AVENUE, 10TH FL W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1855810 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 C/O LANE B. PRIOR	26 C/O LANE B PRIOR		
Suite, Apt. #, etc 22 1787 DORCHESTER PL	Suite, Apt. #, etc. 27 1787 DORCHESTER PL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23 WELLINGTON FL	City & State 28 WELLINGTON FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip / Country 24 33414 / 25 US	Zip / Country 29 33414 / 30 US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAUTNER, ROBERT 14846 HORSESHOE TRACE W. PALM BEACH FL 33414	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRES., DIR.	☒ Change ☐ Addition
NAME	DOUGLAS, FRANK	12 NAME	PRIOR, LANE	
STREET ADDRESS	15630 MEADOW WOOD DR	13 STREET ADDRESS	1787 DORCHESTER PL	
CITY-ST-ZIP	W PALM BCH FL 33414	14 CITY-ST-ZIP	W. PALM BCH. FLA 33414	
TITLE	VP	21 TITLE	SEC., DIR.	☒ Change ☐ Addition
NAME	PRIOR, LANE	22 NAME	MESKIN, MARC	
STREET ADDRESS	1787 DORCHESTER PL	23 STREET ADDRESS	12629 BUCKLAND STR.	
CITY-ST-ZIP	W PALM BCH FL 33414	24 CITY-ST-ZIP	W. PALM BEACH FL. 33414	
TITLE	S	31 TITLE	TREA., DIR	☒ Change ☐ Addition
NAME	MESKIN, MARC	32 NAME	LAUTNER, ROBERT	
STREET ADDRESS	12629 BUCKLAND STR.	33 STREET ADDRESS	14846 HORSESHOE TR	
CITY-ST-ZIP	W PALM BCH FL 33414	34 CITY-ST-ZIP	W. PALM BEACH FL 33414	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	LAUTNER, ROBERT	42 NAME		
STREET ADDRESS	14846 HORSESHOE TR	43 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL 33414	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	FERRERI, DOUGLAS	52 NAME		
STREET ADDRESS	15855 MEADOW WOOD DR	53 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Lautner 4/29/95 407-793-8049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010070