FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600001568 (2)

FILED
May 08 1998 8:00am
Secretary of State

i. Corporatio	TI NAME	• •							
WELLS	STAR FOUNDATION, INC.								
Principal Place of Business Malting Address						T IRACILLE AND 18140 BINI SOLIN BRILL MOTH ORI	1 20101 (1201 DII)3	I BIIBI IBU IBU	
3725 DUPONT STATION COURT SOUTH. STE. 283 JACKSONVILLE FL 32217 3725 DUPONT STATION CO JACKSONVILLE FL 32217			OURT SO	JRT SOUTH, STE. 283		03/21/1996			
						4. FEI Number		Applied For	
3 Dringing D	face of Business	2a. Mailing Address				59-3435223	- 	Not Applicable	
21		26 Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Required		
Suite, Apt.	#, BIC.	27				Election Campaign Financing Trust Fund Contribution		May Be to Fees	
City & State	6	City & State				7. Is this nonprofit corporation a homeow			
23		28				Yes	□ No	One	
Zip	Country	Zip Country				8. This corporation owes or has paid the current year Intangible			
24	25	29	30	_		Personal Property Tax due June 30.	☐ Yes	□ No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registers	d Agent		
				B1	Name				
AMERILAWYER CHARTERED				82	Street A	Address (P.O. Box Number is Not Acceptable)			
343 ALM									
CORAL	GABLES FL 33134			83					
				84	City		85 Zip	Code	
44 Divisions	to the providing of Postions 617 0500	and 617 1500. Florida Ctatus	laa tha a		namad	corporation a should thin statement for the aurena		ito registered	
office or r	egistered agent, or both, in the State of	of Florida. Such change was	authorize	d by	the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the s	ppointment a	s registered	
agent. ‡ a	m familiar with, and accept the obligat	lions of, Section 617.0503, Fl	orida Sta	tutes					
SIGNATURE .	Signature, typed or printed name of registered agen	and title it applicable (NO)	E Registere	d Aoe	nt signature	required when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A		PRS IN 12	
TITLE	PTD	DELETE	1.1 10	TLE			Change	Addition	
KAME	KRISTOL, MARIELLEN L		1.2 N	AME	1			i	
STREET ADDRESS	3725 DUPONT STATION COU	rt south, ste. 2&3	1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32217		1.4 0	ITY-S	T-ZIP				
TITLE	VO	☐ DELETE	2.1 T	TLE	- !		Change	Addition	
NAME	KRISTOL, BRUCE I			2.2 NAME					
STREET ADDRESS	3725 DUPONT STATION COUP	RI SOUTH, STE. 283			ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32217			2. 4 CITY-ST-ZIP			Change	I Addition	
TITLE	TEL			3.1 TITLE 3.2 NAME			Change	☐ Addition	
NAME CTREET ADDRESS	ADRIAN, LINDA 3725 DUPONT STATION COUR	OT SOUTH STE 252			ADDRESS			1	
STREET ADDRESS CITY-ST-ZIP	IAONODERIA E EL GARAT		3.3 STREET ADDRESS . 3.4. CITY - 5T - ZIP		1				
TITLE	VIVELENCE IN COMMIT	DELETE	4.1 T		17 / EUF		Change	Addition	
NAME			4, 2 N						
STREET ADDRESS			. I		ADDRESS			ļ.	
CITY-ST-ZIP			440	ITY-\$1	T- Z IP				
TITLE		DELETE	5.1 T				Change	Addition	
NAME			5.2 N	AME	l				
STREET ADDRESS			5.3 \$	TREET	ADDRESS			ļ	
CITY-ST-ZIP			5.4 C	TY-SI	r-zip				
TITLE		☐ DELETE	6.1 TI	TLE			☐ Change	☐ Addition	
NAME			6.2 N	AME					
STREET ADDRESS			6.3 \$	TREET	address			ŀ	
CITY-ST-ZIP				ITY-\$1					
14. I hereby c	certify that the information supplied wit	h this filing does not qualify f	or the ext	empt	ion state	ed in Section 119.07(3)(i), Florida Statutes. I further	certify that the	e information	

. 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 eath; 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 chapted or on an attachment with an address.

SIGNATURE:

wille I Surter MARIEUM L KRIS

- 904-739-5820