

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064450 (8)

1. Corporation Name

WELLCORP A EQUITY CORPORATION

Principal Place of Business

1500 CORPORATE CENTER WAY
SUITE 203
WELLINGTON FL 33414

Mailing Address

1500 CORPORATE CENTER WAY
SUITE 203
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/10/1993

3a. Date of Last Report

03/28/1994

4. FEI Number

65-0436726

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 1200 Corporate Center Way

23 Suite 100

24 West Palm Beach, FL 33414

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 1200 Corporate Center Way

28 Suite 100

29 West Palm Beach, FL 33414

30

9. Name and Address of Current Registered Agent

JURAN, LAWRENCE B
2255 GLADES RD
SUITE 300E
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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

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 D
NAME SANDS, DONALD A
STREET ADDRESS 1500 CORPORATE CENTER WAY, SUITE 203
CITY-ST-ZIP WELLINGTON FL 33414

1.1 TITLE
1.2 NAME 1200 Corporate Center Way
1.3 STREET ADDRESS Suite 100
1.4 CITY-ST-ZIP West Palm Beach, FL 33414

☒ Change ☐ Addition

TITLE D
NAME RENDINA, BRUCE A
STREET ADDRESS 1500 CORPORATE CENTER WAY, SUITE 203
CITY-ST-ZIP WELLINGTON FL 33414

2.1 TITLE
2.2 NAME 1200 Corporate Center Way
2.3 STREET ADDRESS Suite 100
2.4 CITY-ST-ZIP West Palm Beach, FL 33414

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Donald A. Sands, President

Date

Daytime Phone #