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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONIS

DOCUMENT #

REGENCY WELLINGTON,

Principal Place of Business

Mailing Address

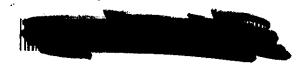
2a. Mailing Address

6709 RIDGE ROAD STE 200 **PORT RICHEY FL 34668-3890**

2. Principal Place of Business

6709 RIDGE ROAD STE 200 PORT RICHEY FL 34668-6883 Jun 06 1997 8:00am Secretary of State

3a. Date of Last Report



3. Date incorporated or Qualified

4. FEI Number

2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
i	26				59-3234530		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional	
2		27			B. Certificate of Status Desired	لبيا 	Fee Required
City & State	e	City & State			6. Election Campaign Financing		\$5.00 May Be
3		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country Country	or the desperance ride addition to the discourse the disco			
4 25 29 30 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes No			
	49 72 4	t Hegistered Agent	81	Name	10. Name and Address of New Ro	gistered A	gent
HUDSON, JOHN E.				INAUTHE			
6709 RIDGE ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
PORT RICHEY FL 34668							
	÷		83	1			
			84	City			85 Zip Code
				-		FL	1 1 '
 Pursuant office or r 	to the provisions of Sections 607.050; registered agent, or both, in the Stats im familiar with, and accept the oplig	2 and 607,1508, Florida Statute of Florida, Such change was a	s, the above	e-named corp	oration submits this statement for the	purpose of	changing its registered
agent. I a	im familiar with, and accept the oblig	tions of, Section 607.0505, Flo	rida Statute	, 210 001p018(1 \$.	On a Dourd of Directors. I hereby acce	h' nia ahbo	Antitionit de l'objetoion
SIGNATURE		<u>بر</u>			5-36	7.7	
Signature, typed or printed name to registered agent and title if applicable. (NOTE: Registered				red Agent signature required when reinstating) 5-36-9-7 DATE			
12.			13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS IN 12 Change Addition
	S CHAN ()	L'1 DECEIE					C Cuange C Acculon
NAME	SILVA, SUAN		1.2 NAME				
STREET ADDRESS	DON'T NOTEY FI			ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL	Delete	1.4 CiTY - S	ST-ZIP			Abana (
TITLE	PD	DELETE	2.1 TITLE	1			Change Addition
NAME	HUDSON, JOHN		2.2 NAME	ļ			
STREET ADDRESS	6709 RIDGE ROAD		2.3 STREET				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2. 4 CITY-	ST-ZIP			1 4429
TITLE	VT	DELETE	3.1 TITLE		•		Change Addition
NAME	NORTON, DAVIDC.		3.2 NAME				
STREET ADDRESS	6709 RIDGE ROAD		3.3 STREET				
City-ST-ZIP	PORT RICHEY FL	[] Ap. pyp	3.4. CITY-	ST-ZIP			, [] A4490
TITLE	V ·	DELETE	4.1 TITLE				Change Addition
HAME	SLEEMAN, GEORGE		4.2 NAME	1			
STREET ADDRESS	6709 RIDGE ROAD			ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL	The second	4.4 CITY - 5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		1 1 2 20 20 20 20 20 20 20 20 20 20 20 20 2
TITLE		☐ DELETE	5.1 TITLE				Change L Addition
NAME			5.2 NAME				1. /0/=
STREET ADDRESS			5.3 STREET	ADDRESS			10/1/9:
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		11	7/4/
TITLE		☐ DELETE	6.1 TITLE		مقبل للمعادر للمنطي ومبعي ومسكل ونسلل فنتبهو		Change Addition
NAME			8.2 NAME		5000022		a 201300 Ooo
STREET ADDRESS			6.3 STREET	T ADDRESS	06/11/970	116577	003.
CITY-ST-ZIP			8.4 CITY-8		***165.00		
14. I do herel	by certify that the information supplied on indicated on this annual report or s	f with this filing does not qualif	y for the exe	emption stated	in Section 119.07(3)(i), Florida Statut my signature shall have the same led	es. I further	certify that the if made under path; that

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 appear of the receiver of the rec