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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039622 (3)

WELCOME CENTER REAL ESTATE, INC.

Principal Place of Business

Mailing Address

FILED Feb 13 1998 8:00am Secretary of State



2014 SE PT. PORT ST. LU					T. ST. LUCIE (LUCIE FL 349)							DO 1	OT W	RITE I	N THIS S	SPACE	<u>.</u>	
									3		Incorpora 26/199		Qualif	ied				
2. Principal Place of Business				2a. Mailing Address					4	4. FEI Number						+	plied For	
21				Suite, Apt. #, etc.						65	-04935	3/						t Applicable
Suite, Apt. #, etc.				27					5	6. Certif	icate of S	tatus [Desired	j				Additlonal quired
City & State				City & State					6. Election Camp Trust Fund Cor					-				May Be to Fees
Zip 24	Country 25			Zip Cou 29 30			untry			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No								
			legistered Agent					10	10, Name and Address of New Registered Agent									
ZIN	ITER, PAUL	. A					81	Name										
2882 S.E. FARLEY RD. PORT ST. LUCIE FL 34952							82	Street /	Address (dress (P.O. Box Number is Not Acceptable)							<u> </u>	
							83											
							84	City							FL	85	Zip (Code
office or re agent. I ar	egi s tered ag	ions of Sections 607 ent, or both, in the S th, and accept the o	itate of Fk	orida Such o	change was a	authorize	d by	the corp	corporation's	ion subn board c	nits this s of directo	tateme rs. I he	nt for t reby a	he pui ccept	rpose of the app	chanç ointme	ging it ent as	s registered registered
SIGNATURE	Signature, typiod	or printed name of registere	d agent and t	title if applicable.	(NOT	E: Registere	d Age	nt signature	required whe	en reinstatir	ig)				DATE			
12.	·	OFFICERS	AND DIR	DIRECTORS 13.						ADDIT	ONS/CH	ANGES	тоо	FFICE	RS AND	DIRE	CTOR	S IN 12
TITLE	P	·		L	DELETE	1.1 TI	TLE		·			_				Ch	ange	Addition
NAME		PAUL A.				1.2 N	AME	-										
STREET ADDRESS		E. FARLEY RD.				1.3 S	TAEET	address										
CITY-ST-ZIP	PT. ST.	LUCIE FL 34952				1.4 C	TY-S	- ZIP										
TITLE				L	DELETE	2.1 Te	TLE									L CH	ange	☐ Addition
NAME						2.2 N	AME											
STREET ADDRESS						2.3 \$	IREET.	address										
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NAME						5.2 N/		, pperce										
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NAME						6.2 N/												
STREET ADDRESS								ADDRESS										
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I hereby certify that the information supplied with this filing does not qualify for the examption 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 of the receiver of 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.