## 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

<u> </u>	1777						
DOCUMENT # P9400048553 (9) WELLINGTON MANAGEMENT, INC.							
WELLII	NGTON MANAGEMENT, INC	<i>,</i>					
Principal Place of Business Mailing Address					I neathbat the faint Bibet beint bolds bolds bods of	1881 IAIAI BIIRA A	(1 <b>00</b> 11)1 ( <b>01</b> 1
100 VISTA ROYALE BLVD		100 VISTA ROYALE BLVD					
VERO BEACI		VERO BEACH FL 32960					
i					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
					06/29/1994		
2. Principal P	Place of Business	2a. Mailing Address			4, FEI Number	Ar	oplied For
26					65-0504842		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5, Certificate of Status Desired		Additional
27				<del></del>	B. Certificate of Status Desired	Fee Re	equired
City & Stat	ю	h -1	City & State		6. Election Campaign Financing		May Be
23	- <del></del>	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu		tangible
24	25 25 Name and Address of Curren	29 30	<del>!</del>	·····	Personal Property Tax due June 30.  Name and Address of New Registered		7 140
DI	OCK, SAMUEL A		81	Name			
2127 TENTH AVE				Carrier A. A. et alice	(DO Double wheels Not Assessed to		
VERO BEACH FL 32980			B2	SHOEL Addre	ess (P.O. Box Number is Not Acceptable)		
			83				
			84	City		<b>85</b> Zip (	Code
			04	City	Fl	_   <b>63</b>   Z.ip (	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, t	the above	named corp	oration submits this statement for the purpose of ion's board of directors. I hereby accept the ap	of changing it	s registered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutos	·	ion's board of directors Thirtery decept the ap	pointinent as	registered
SIGNATURE							
12,	Signature, typind or printed have of registered age.  OFTICEHS AN		gistered Ager	nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 12
TITLE	DPT	DELETE	1.1 TITLE		ADDITIONATORINATED TO OFFICE AIN	Change	Addition :
NAME	KURTZ, JOHN C		1.2 NAME				
STREET ADDRESS	100 VISTA ROYAL BLVD.	ľ	1.3 STREEL	address			
CITY-ST-ZIP	VERO BEACH FL 32962	VERO BEACH FL 32962		7 - ZIP			
TITLE	DV	☐ DELETE	2.1 11TLE			Change	Addition
NAME	EWING, RONALD E						ſ
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32962			1 - ZIP			100000
TITLE	DS DACKILL DOREST I	DELETE 317				Change	☐ Addition
NAME	GASKILL, ROBERT L 100 VISTA ROYALE BLVD.		32 NAME				İ
STREET ADDRESS	VERO BEACH FL	Į.	3.3 STREET	· i			}
CITY-ST-ZIP TITLE	VENO BEACH PL	DELETE	3.4 CITY-S 4.1 TITLE	1 - Z1P		Change	Addition
NAME		C. J. St. Co. IV	4. 2 NAME			+.io.iBo	
STREET ADDRESS			4.3 STREET	ADDRESS			}
CITY-ST-ZIP			4.4 CITY-SI				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME	[		5.2 NAME	(			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - \$1	T - ZIP			
TITLE		DELETE	6 1 TITLE	T		Change	Addition
NAME			62 NAME	ļ			
STREET ADDRESS			6.3 STREET	ADDRESS			

14. Thereby 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 oath; that I am an officer or director of the corporation or the receiver or prostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change from on an attachment with an address.

CITY-ST-ZIP

**FILED** 

May 22 1998 8:00am

Secretary of State