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FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000057295 (5)

1. Corporation Name:  
WELLINGTON HOLDINGS CORPORATION



Principal Place of Business  
1021 IVES DAIRY RD.  
SUITE 115  
NORTH MIAMI BEACH FL 33179

Mailing Address  
1021 IVES DAIRY RD.  
SUITE 115  
NORTH MIAMI BEACH FL 33179-2537

3. Date Incorporated or Qualified  
08/02/1994

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 1815 UNIVERSITY DR.  
Suite, Apt. #, etc.

22 City & State  
CORAL SPRINGS, FL.

23 Zip Country  
33071 U.S.A.

24 33071 25 U.S.A.

2a. Mailing Address

26 1815 UNIVERSITY DR.  
Suite, Apt. #, etc.

27 City & State  
CORAL SPRINGS, FL.

28 Zip Country  
33071 U.S.A.

29 33071 30 U.S.A.

4. FEI Number  
65-0509102

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

9. Name and Address of Current Registered Agent

SEGLIN, STUART  
10101 GLADES RD  
BOCA RATON FL 33498

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
0 LAQUER, THOMAS  
1021 IVES DAIRY RD., SUITE 115  
NORTH MIAMI BEACH FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETED

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
D LAQUER, THOMAS  
1815 UNIVERSITY DR.  
CORAL SPRINGS, FL. 33071

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
DELETED

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

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

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

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

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)