

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000062397 (2)**

1. Corporation Name
WELLS/SINGH, INC.



Principal Place of Business
**5624 PLUNKET ST.
5 & 6
HOLLYWOOD FL 33023
US**

Mailing Address
**901 NW 41ST ST
MIAMI FL 33127**

3. Date Incorporated or Qualified **08/24/1994** 3a. Date of Last Report **04/24/1995**

4. FEI Number **65-0521341** 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 **5624 Plunket St.**
22 Suite, Apt. #, etc. **5 & 6**
23 City & State **Hollywood FL**
24 Zip **33023** 25 Country **USA**

2a. Mailing Address
26 **901 NW 41st St.**
27 Suite, Apt. #, etc. **5 & 6**
28 City & State **Hollywood FL**
29 Zip **33023** 30 Country **USA**

9. Name and Address of Current Registered Agent
**WELLS, EARL A
901 NW 41ST ST
MIAMI FL 33127**

10. Name and Address of New Registered Agent
81 Name **Prem D Singh**
82 Street Address (P.O. Box Number is Not Acceptable) **5624 Plunkett St.**
83 **Hollywood FL 33023**
84 City **Hollywood FL** 85 Zip Code **33023**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Prem D. Singh* (NOTE: Registered Agent Signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, EARL A	1.2 NAME
STREET ADDRESS	901 NW 41ST ST	1.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, EURSLA	2.2 NAME
STREET ADDRESS	901 NW 41ST ST	2.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE Proprietor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, PREM D	3.2 NAME Indu. Proprietor
STREET ADDRESS	1495 NW 9TH CT	3.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, RAJWANTIA	4.2 NAME
STREET ADDRESS	1495 NW 9TH CT.	4.3 STREET ADDRESS
CITY - ST - ZIP	MIAMI FL 33168	4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

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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 119.07(3)(k), 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: *Prem D. Singh* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **05/24/96** DAYTIME PHONE # **954-962-4571**

CR2E034 (12/95)