

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

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MAY 25 11 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **P95000014135 (4)**

1. Corporation Name
TRANSEASTERN WELLINGTON PROPERTIES, INC.

Principal Place of Business: **2300 CORPORATE BLVD. #112 BOCA RATON FL 33431**

Mailing Address: **2300 CORPORATE BLVD. #112 BOCA RATON FL 33431**

3. Date Incorporated or Qualified: **02/20/1995**

3a. Date of Last Report

4. FEI Number: **65-0609235**

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. **3300 University Drive**

Suite, Apt. #, etc.: **First Floor, Lobby**

22. **Coral Springs, FL**

City & State

23. **33065**

Zip

25. **FL**

Country

26. **3300 University Drive**

Suite, Apt. #, etc.: **First Floor, Lobby**

27. **Coral Springs, FL**

City & State

28. **33065**

Zip

30. **FL**

Country

9. Name and Address of Current Registered Agent

KINSEY, JOHN T
2300 CORPORATE BLVD.
#112
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code: **FL**

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: _____ (Date) _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KINSEY, JOHN T	
STREET ADDRESS	2300 CORPORATE BLVD., #112	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Arthur J. Falcone	
13 STREET ADDRESS	3300 University Drive	
14 CITY-ST-ZIP	Coral Springs, FL 33065	
21 TITLE	V.P./Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Philip Cucci, Jr.	
23 STREET ADDRESS	3300 University Drive	
24 CITY-ST-ZIP	Coral Springs, FL 33065	
31 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Edward W. Falcone	
33 STREET ADDRESS	3300 University Drive	
34 CITY-ST-ZIP	Coral Springs, FL 33065	
41 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Cora DiFiore	
43 STREET ADDRESS	3300 University Drive	
44 CITY-ST-ZIP	Coral Springs, FL 33065	
51 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Les Campbell	
53 STREET ADDRESS	3300 University Drive	
54 CITY-ST-ZIP	Coral Springs, FL 33065	
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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: *Cora DiFiore, V.P.* **4-22-96** **(305) 346-9700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)