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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017670 (7)

WELLINGTON MGP CORP.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address ROBERT MICHAELSON(WEISSBARTH ALTMAN ET AL) ROBERT MICHAELSON(WEISSBARTH ALTMAN ET AL) 156 W. 56TH ST., 12TH FLOOR 156 W. 56TH ST., 12TH FLOOR DO NOT WRITE IN THIS SPACE NEW YORK NY 10019 NEW YORK NY 10019 3. Date Incorporated or Qualified 03/03/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 13-3840196 Not Applicable Suite, Apt. #, etc. Suite Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zιο Žιρ Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due Jurie 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AXELROD, ALAN D 2500 FIRST UNION FINANCIAL CENTER Street Address (P.O. Box Number is Not Acceptable) **MIAM! FL 33131** 83 84 City 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered a pent and title flappe about (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1 1 T TLE Change Addition ALTMAN, RONALD NAME 1.2 NAME C/O WAM, 156 W 56 ST., 12 FL STREET ADDRESS 13 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 1.4 C/TY - ST - 7/P DPT DELETE Addition TITLE 21 TITLE MICHAELSON, ROBERT T NAME 2.2 NAME STREET ADDRESS C/O WAM, 156 W 56 ST., 12 FL 2.3 STREET ADDRESS **NEW YORK NY** CITY-ST-7IP 2 4 CITY - ST- 7IP DELETE TITLE 3 1 TIFEE Change Addition GANG, MARTIN C/O WAM, 156 W 56 ST., 12 FL STREET ADDRESS 3.3 STREET ADDRESS NEW YORK NY CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition Chappe TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CHTY - ST - ZIP DELFTE Change Addition TITLE 51 TLLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CIFY - ST - ZIP DELETE Change Addition TITLE STREET ADDRESS 63 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 arrival 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

Muster 2 Day

Daytime Premi. #

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