FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # P96000063700 (4)

1. Corporation Name
WELLINGTON INDUSTRIES, INC.

Principal Place of Business
2560 RCA BOULEVARD, SUITE 107
C/O ARTHUR J. SINNOTT
PALM BEACH GARDENS FL 33410

Mailing Address
2560 RCA BOULEVARD, SUITE 107
C/O ARTHUR J. SINNOTT
PALM BEACH GARDENS FL 33410-3336

3. Date Incorporated or Qualified
07/30/1996

3a. Date of Last Report

2. Principal Place of Business
21 11440 OKEECHOBEE BLVD
Suite, Apt. #, etc.
22 218
City & State
23 ROYAL PALM BEACH, FL
Zip 24 33411 Country 25 USA

2a. Mailing Address
26 PO BOX 210698
Suite, Apt. #, etc.
27
City & State
28 ROYAL PALM BEACH, FL
Zip 29 33421 Country 30 USA

4. FEI Number
65-0692023
[ ] 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
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
BRIAN FOLEY
82 Street Address (P.O. Box Number is Not Acceptable)
11440 OKEECHOBEE BLVD
83
SUITE 218
84 City
ROYAL PALM BEACH, FL
85 Zip Code
33411

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 BRIAN FOLEY PRESIDENT

Signature, Type or Print Name of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	[ ] DELETE
NAME	FOLEY, BRIAN	
STREET ADDRESS	2560 RCA BOULEVARD, SUITE 107	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	11440 OKEECHOBEE BLVD, STE 218	
1.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 BRIAN FOLEY PRESIDENT

CR2E034 (9/96)