## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



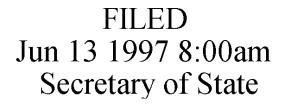
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066253 (1)

WELLINGTON INVESTMENTS, INC.



WELLINGTON INVESTMENTS, INC.											
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2111 LYNX PLACE LOXAHATCHEE FL 33470 2111 LYNX PLACE LOXAHATCHEE FL 33470-25							0				
										3. Date Incorporated or Qualified 3a. Date of Last Report 08/08/1996	
Principal Place of Business     1					2a. Mailing Address 26					4. FEI Nyntar PLIFD FOR Applied For Not Applicable	
Sulte, Apt. #, etc.					Suite, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired S8.75 Additional	
22					27					Fee Required	
City & State					City & State					6. Election Campaign Financing \$5.00 May Be	
23	7				Zip Country			ter		Trust Fund Contribution Added to Fees	
Zip 24	Country			Zip		30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
24	25 9. Name and Address of Currer		-	29 Registered Agent		30		····	10. Name and Address of New Registered Agent		
DET	OMA, JOH							B1	Name		
			:				_				
~ 2111 LKYNX PLACE LOXAHATCHEE FL 33470								B2	Street Add	dress (P.O. Box Number is Not Acceptable)	
								вз			
							ļ,	В4	Cily	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, typed or printed name of registered agent and title if applicable (NOTE: Rog stered Agent signature required when reinstating)  DATE											
12.			OFFICERS AN				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D				DELE	TE	1.1 TITL	E		☐ Change ☐ Addition	
NAME	DETOMA, JOHN R							AE.	ĺ		
STREET ADDRESS					1.3 5			EET /	ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470				Dr. Car			Y - \$T	r-ziP		
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NAME						2.2 M					
STREET ADDRESS							EET A	ADDRESS			
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STREET ADORESS									ADDRESS .	i de la companya de	
CITY-ST-ZIP							5.4 CITY				
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NAME					_		6.2 NAN			_ · · <del></del>	
STREET ADDRESS									ADDRESS		
CITY-ST-ZIP							6.4 CITY-ST-ZIP				
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 changing, or on an attachment with an address.

010114-115-

DESTRUCTION L