

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

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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000035014			
1. Corporation Name DAVID E. WELLS, P.A.			
Principal Place of Business 1650 SE 17TH ST CAUSEWAY STE 204 FORT LAUDERDALE FL 33304		Mailing Address 1650 SE 17TH ST CAUSEWAY STE 204 FORT LAUDERDALE FL 33304	
2. Principal Place of Business 21 800 WEST AVE Suite, Apt. #, etc. 22 #304 City & State 23 MIAMI BCH, FL Zip 24 33139 Country 25 USA		2a. Mailing Address 26 800 WEST AVE Suite, Apt. #, etc. 27 #304 City & State 28 MIAMI BCH, FL Zip 29 33139 Country 30 USA	
9. Name and Address of Current Registered Agent WELLS, DAVID E 1650 SE 17TH ST CAUSEWAY STE 204 FORT LAUDERDALE FL 33304			
10. Name and Address of New Registered Agent 81 Name WELLS, DAVID E. 82 Street Address (P.O. Box Number is Not Acceptable) 800 WEST AVE #304 83 84 City MIAMI BEACH, FL 85 Zip Code 33139			
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 David Wells DATE 1/4/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE NAME WELLS, DAVID E STREET ADDRESS 1650 SE 17TH ST CAUSEWAY STE 204 CITY-ST-ZIP FORT LAUDERDALE FL 33304		1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME WELLS, DAVID E. 1.3 STREET ADDRESS 800 WEST AVE #304 1.4 CITY-ST-ZIP MIAMI BCH, FLORIDA 33139	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

David E. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

Date

(305) 538-9652

Daytime Phone #

CR2E034 (11/98)