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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000070430 (8)

WELLGATE ENTERPRISES INC.

## **FILED** May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				·	1 10 <b>3</b> 11 00111 01010 110 11111 0011 100f	
1320 S.W. 34		1320 S.W. 34TH AVENUE				
FORT LAUDE	RDALE FL 33312	FORT LAUDERDALE FL 33312		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	TIO OF ACE
					08/13/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26				65-0783067	Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
27     27				····	A FL # 0	Fee Required
23	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country Zip		Coun	try	8. This corporation owes or has paid the		
24			30	Personal Property Tax due June 30. 🗶 Yes 🔲 No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent
MCGUIRE, THOMAS F				Name		
1320 S.W. 34TH AVENUE			ε	Street Add	Iress (P.O. Box Number is Not Acceptable)	
FU	RT LAUDERDALE FL 33312		-	13		
			[	<b>"</b> ]		
			E	City		85 Zip Code
11. Pursuant 1	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statut	tes, the abo	ve-named cor	poration submits this statement for the purpos	se of changing its registered
office or re agent. Lar	egi <b>ster</b> ed agent, or both, in the Stale m <b>fa</b> miliar with, and accept the obliga	of Florida, Such change was ations of Section 607 0505. El	authorized orida Statut	by the corpora	ition's board of directors. I hereby accept the	appointment as registered
SIGNATURE			one office			
	Signature, typed or printed nance of registered ago			Agent signature requ	ired when reinstating) DAT	
12.	OFFICERS AND	DELETE DELETE	13.	<del> </del>	ADDITIONS/CHANGES TO OFFICERS	
NAME	MCGUIRE, THOMAS F	LJ BULETE	1.1 TITL 1.2 NAM			☐ Change ☐ Addition
STREET ADDRESS	1320 S.W. 34TH AVENUE			ET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	2	1.4 CITY	Ì		
TITLE			2.1 TITLE			Change Addition
NAME			2.2 NAM	E		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP				/-ST-ZIP		
TITLE		L_J DELETE	31 THL			Change Addition
NAME STORET ADDOGGG			3.2 NAM	•		
STREET ADDRESS				ET ADDRESS		
CFTY-ST-ZIP TITLE		DELETE	3.4. C(T) 4.1 TITLE	-ST-ZIP		Change Addition
NAME			4. 2 NAM			C Change C Madigiti
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP		T če eve	5 4 CHY			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME OTRECT HODDESS			6.2 NAM			
STREET ADDRESS				ET ADDRESS		
14. I hereby co	ertify that the information supplied wit	th this filing does not qualify to	6.4 CITY or the exem	ption stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information
Indicated of	on this annual report or supplemental	angual report is true and nos	urata and t	hat my pianate	use shall have the same lead offeet on if made	condensation the black in the condensation in

curate and that my signature shall have the same legal effect as if made under oath; that I am a execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the conjunction or the receiver or trustee Block 12 or Block 13 if changed or only attachment with a