

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

FILED

Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000083167 (1)**

1. Corporation Name

**THE SC WELLINGTON GROUP, INC.**



Principal Place of Business <b>6150 CANDLEWOOD WAY SARASOTA FL 34243</b>	Mailing Address <b>6150 CANDLEWOOD WAY SARASOTA FL 34243</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 968 Lake Breeze Drive</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 968 Lake Breeze Drive</b> Suite, Apt. #, etc. <b>27</b>		3. Date Incorporated or Qualified <b>09/25/1997</b>	
City & State <b>23 Wellington FL</b> Zip <b>24 33414</b>		City & State <b>28 Wellington FL</b> Zip <b>29 33414</b>		4. FEI Number <b>65 079 1117</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>25 USA</b>		Country <b>30 USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>	

9. Name and Address of Current Registered Agent <b>HERRIG, NATALEE A 1819 MAIN ST., STE. 700 SARASOTA FL 34236</b>		10. Name and Address of New Registered Agent <b>81 Name James D. Gibson</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 1800 2nd St.</b> <b>83 Suite 901</b> <b>84 City Sarasota FL 85 Zip Code 34236</b>	
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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

*James D. Gibson*

**4/23/98**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>WIEBKE, DONALD S</b>		1.2 NAME	
STREET ADDRESS <b>6150 CANDLEWOOD WAY</b>		1.3 STREET ADDRESS <b>968 Lake Breeze Drive</b>	
CITY-ST-ZIP <b>SARASOTA FL 34243</b>		1.4 CITY-ST-ZIP <b>Wellington FL 33414</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>WIEBKE, CYNTHIA I</b>		2.2 NAME	
STREET ADDRESS <b>6150 CANDLEWOOD WAY</b>		2.3 STREET ADDRESS <b>968 Lake Breeze Drive</b>	
CITY-ST-ZIP <b>SARASOTA FL 34243</b>		2.4 CITY-ST-ZIP <b>Wellington FL 33414</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

*Cynthia I. Wiebke* President/Director **4-20-98 561-0798-9649**

CR2E034 (10/97)