

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90036 014 \*\*\*150.00

DOCUMENT # P97000107013

1. Corporation Name  
WELL AMERICA GROUP, INC.

Principal Place of Business

3400 CORAL WAY  
5TH FLOOR  
MIAMI FL 33145  
US

Mailing Address

3400 CORAL WAY  
5TH FLOOR  
MIAMI FL 33145  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1997

4. FEI Number

65-0809740

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23

Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

Zip Country

28 29 30

9. Name and Address of Current Registered Agent

LEHMAN, VIVIAN L  
3400 CORAL WAY  
5TH FLOOR  
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

*Vivian Lehman* / Vivian Lehman

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

(NOTE: Registered Agent Signature required when reinstating)

1-30-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME COLE, GEOFFREY A  
STREET ADDRESS 2200 ALHAMBRA CIR  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME LEHMAN, VIVIAN V  
STREET ADDRESS 1311 CASTILE AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME LEHMAN, DALLAS G  
STREET ADDRESS 1311 CASTILE AVE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME COLE, SAMUEL T SR.  
STREET ADDRESS 4955 LAKEVIEW DR  
CITY-ST-ZIP MIAMI BEACH FL 33140

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

D  
Cole, Nancy  
2200 Alhambra Circle  
Coral Gables, FL 33134

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:

*Vivian Lehman* / Vivian Lehman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-99

Date

205 446-6835

Daytime Phone #

CR2E034 (11/98)