

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

0562601

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90001 041 ***150.00

DOCUMENT # P98000061327

1. Corporation Name
CLUB WELLINGTON, INC.



Principal Place of Business
**12721 FRANK DR.
SEMINOLE FL 33776**

Mailing Address
**12721 FRANK DR.
SEMINOLE FL 33776**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1998	
21	6499 38th Avenue N.	26	6499 38th Avenue N.	4. FEI Number 59-3525737	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 Suite H-2		Suite, Apt. #, etc. 27 Suite H-2		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 St. Petersburg, FL		City & State 28 St. Petersburg, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33710		Zip 29 33710		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25 Pinellas		Country 30 Pinellas			

9. Name and Address of Current Registered Agent

**HANEY, R. REID
101 E. KENNEDY BLVD., SUITE 4100
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 *Lynn Chalache*
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALACHE, LYNN	1.2 NAME	
STREET ADDRESS	12721 FRANK DR.	1.3 STREET ADDRESS	6499 38th Avenue N., Suite H-2
CITY-ST-ZIP	SEMINOLE FL 33776	1.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRELL, JANE	2.2 NAME	
STREET ADDRESS	12721 FRANK DR.	2.3 STREET ADDRESS	6499 38th Avenue N., Suite H-2
CITY-ST-ZIP	SEMINOLE FL 33776	2.4 CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, LAURA	3.2 NAME	
STREET ADDRESS	12721 FRANK DR.	3.3 STREET ADDRESS	6499 38th Avenue N., Suite H-2
CITY-ST-ZIP	SEMINOLE FL 33776	3.4 CITY-ST-ZIP	St. Petersburg, FL 33710
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, with all other like empowered.

SIGNATURE: *Lynn Chalache* **Lynn Chalache, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)