

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S33258** (2)
1. Corporation Name
WELLCORP III, INC.



Principal Place of Business 1200 CORPORATE CTR WAY SUITE 100 WEST PALM BEACH FL 33414 US	Mailing Address 1200 CORPORATE CTR WAY SUITE 100 WEST PALM BEACH FL 33414 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3801 PGA Blvd Suite, Apt. #, etc. 22 Suite 1000 City & State 23 Palm Beach Gardens, FL Zip Country 24 33410 25	2a. Mailing Address 26 3801 PGA Blvd Suite, Apt. #, etc. 27 Suite 1000 City & State 28 Palm Beach Gardens, FL Zip Country 29 33410 30	3. Date Incorporated or Qualified 02/20/1991	4. FEI Number 65-0253000 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JURAN, LAWRENCE B.
1200 CORPORATE CENTER WAY
SUITE 100
WEST PALM BEACH FL 33414**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 3801 PGA Boulevard, Suite 1000 Palm Beach Gardens, FL 33410	84 City	85 Zip Code
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/98

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	SANDS, DONALD A.	1.2 NAME	
STREET ADDRESS	1200 CORPORATE CTR WAY, #100	1.3 STREET ADDRESS	3801 PGA Boulevard, Suite 1000
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENDINA, BRUCE A.	2.2 NAME	
STREET ADDRESS	1200 CORPORATE CTR WAY, #100	2.3 STREET ADDRESS	3801 PGA Boulevard, Suite 1000
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISALVO, PATRICK J	3.2 NAME	
STREET ADDRESS	1200 CORPORATE CENTER WAY #100	3.3 STREET ADDRESS	3801 PGA Boulevard, Suite 1000
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINA, MALCOLM S	4.2 NAME	
STREET ADDRESS	1200 CORPORATE CENTER WAY #100	4.3 STREET ADDRESS	3801 PGA Boulevard, Suite 1000
CITY-ST-ZIP	WEST PALM BCH FL	4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
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:

[Signature]

3-24-98

561-691-9900

CR2E034 (10/97)