

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 MAR 28 PM 2:03

DOCUMENT # **V13325 (8)**  
1. Corporation Name  
**WELLINGTON EXPORT CORPORATION**

Principal Place of Business: **1500 CORPORATE CENTER WAY SUITE 103 W PALM BEACH FL 33414**  
Mailing Address: **1500 CORPORATE CENTER WAY SUITE 103 W PALM BEACH FL 33414**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/10/1992** 3a. Date of Last Report: **06/21/1994**  
4. FEI Number: **65-0310412** 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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 1200 Corporate Center Way** 2a. Mailing Address: **26 1200 Corporate Center Way**  
Suite, Apt #, etc: **22 202** 27. Suite, Apt #, etc: **27 202**  
City & State: **23 W.P.B. FL** 28. City & State: **28 W.P.B. FL**  
Zip: **24 33414** Country: **25 U.S.A.** 29. Zip: **29 33414** Country: **30 USA**

9. Name and Address of Current Registered Agent  
**DUFRESNE, DONALD P.  
231 ROYAL PALM WAY  
SUITE 302  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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: \_\_\_\_\_ (Corporation) \_\_\_\_\_ (Registered Agent) \_\_\_\_\_ (Director)

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FIRESTONE, MATTHEW K
STREET ADDRESS	1500 CORPORATE CENTER WAY SUITE 103
CITY, ST, ZIP	WEST PALM BEACH FL 33414
TITLE	SVD
NAME	MIDOLO, CAYETANO A
STREET ADDRESS	1500 CORPORATE CENTER WAY SUITE 103
CITY, ST, ZIP	WEST PALM BEACH FL 33401
TITLE	D
NAME	DUFRESNE, DONALD P.
STREET ADDRESS	231 ROYAL PALM WAY #302
CITY, ST, ZIP	PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	FIRESTONE Matthew K	
3. STREET ADDRESS	1200 Corporate Center Suite 202	
4. CITY, ST, ZIP	W.P.B. FL. 33414	
2. TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MIDOLO CAYETANO A	
3. STREET ADDRESS	1200 Corporate Center Way Suite 202	
4. CITY, ST, ZIP	W.P.B. FL 33414	
1. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	DONALD P. DUFRESNE, ESQUIRE	
3. STREET ADDRESS	12788 FOREST HILL BLVD.	
4. CITY, ST, ZIP	WELLINGTON FL 33414	
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.3 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted 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 of changed, or on an attachment with an address.

SIGNATURE: **Cayetano A. MIDOLO** 3-23-95 407-791-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR