

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V51211 (3)

1. Corporation Name  
WELLINGTON REALTY ADVISORS, INC.

FILED  
Apr 24 1997 8:00am  
Secretary of State



Principal Place of Business

12954 N. DALE MABRY HWY.  
TAMPA FL 33618

Mailing Address

12954 N. DALE MABRY HWY.  
TAMPA FL 33618-2806

3. Date Incorporated or Qualified  
07/16/1992

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

21 11015 N. DALE Mabry Hwy

2a. Mailing Address

26 11015 N. DALE Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MURPHY, THOMAS J.  
12954 N. DALE MABRY HWY.  
TAMPA FL 33618

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME MURPHY, THOMAS,  
STREET ADDRESS 3025 SAMARA DR  
CITY- ST- ZIP TAMPA FL

TITLE VP  
NAME SCHWENCKE, KIM M.,  
STREET ADDRESS 1603 N. RIVERHILLS DR.  
CITY- ST- ZIP TEMPLE TERRACE FL

TITLE VPS  
NAME RUGER, AL  
STREET ADDRESS 103 COUNTRYSIDE DR  
CITY- ST- ZIP LONGWOOD FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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 33618

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP 33617

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Auger, Al  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP 32779

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

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-97 83269-0898  
Date Daytime Phone #

CR2E034 (9/96)