PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V72548

WELLINGTON CORPORATE SHITES, INC.

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Principal Plac	e of Business	Mailing Address				1 1860 80 5841 1	8610 (108) B illi Bibui 1	rası dimit üsüti alaşı at	811 81811 91811 1681
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WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33			FL 33414	414				IN THIS SPACE	
						3. Date Incorporate 10/20/1992	a or Qualifed		
<u> </u>	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0363444			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certificate of State	us Desired [1	Additional
22		27					· · · ·		Required
City & Stat	19	City & State				6. Election Campai		1	May Be
Zip .	Country	28		ountry		Trust Fund Cont			d to Fees
_ `		29		ountry		8. This corporation		year Intangible ☐ Yes	 □No
24	9. Name and Address of Current	1	30	-		Personal Propert 10. Name and Addr			
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	ES, MARK B. 60 FORTUNE CIR	\$1.00 s		82 5	Street Addres	ss (P.O. Box Number	s Not Acceptable)	
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WES	ST PALM BEACH FL 33414			84 (City	<u>्राहीत (हीत)</u>		85 Zi	p Code
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office or n	to the provisions of Sections 607 0502 egistered agent, or both, in the State of	f Florida. Such change w	ratutes, the a	above-na ed by the	amed corpor e corporation	ration submits this stat n's board of directors. I	ement for the pur hereby accept th	pose of changing le appointment as	registered
agent. I a SIGNATURE	m familiar with, and accept the obligation of th	31-			gnature required v	when reinstating)		DATE	
agent. I a	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. DIRECTORS	NOTE: Registere	red Agent sig	gnature required v	when reinstating)			TORS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90008 023 ***150.00