

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K06070 (2)**

1. Corporation Name
WREN DECKING, INC.



Principal Place of Business: **3606 QUANDRO DRIVE ORLANDO FL 32812 US**
Mailing Address: **3606 QUANDRO DRIVE ORLANDO FL 32812 US**

3. Date Incorporated or Qualified 12/08/1987	3a. Date of Last Report 07/17/1995
4. FEI Number 59-2857847	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**WREN, THOMAS E.
3606 QUANDRO DRIVE
ORLANDO FL 32812**

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

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 of registered agent or registered agent in charge

(NOTE: Registered Agent signature required when reissuing)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1. 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WREN, THOMAS E.	2. 2. NAME
STREET ADDRESS	3606 QUANDRO DRIVE	3. 3. STREET ADDRESS
CITY - ST - ZIP	ORLANDO FL 32812	4. 4. CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5. 5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 6. NAME
STREET ADDRESS		7. 7. STREET ADDRESS
CITY - ST - ZIP		8. 8. CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	9. 9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. 10. NAME
STREET ADDRESS		11. 11. STREET ADDRESS
CITY - ST - ZIP		12. 12. CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	13. 13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. 14. NAME
STREET ADDRESS		15. 15. STREET ADDRESS
CITY - ST - ZIP		16. 16. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra B. Morham

4/30/96 (407) 240-3325
Date of Filing

CR2E034 (12/95)