FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:31

DOCUMENT # **P14835** **(3)**

1. Corporation Name
WRISCO INDUSTRIES INC.

Principal Place of Business	Mailing Address
355 HIATT DRIVE. STE B PALM BEACH GARDENS FL 33418 US	355 HIATT DRIVE. STE B PALM BEACH GARDENS FL 33418 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/15/1987**
3a. Date of Last Report: **03/22/1994**

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

4. FEI Number: **34-1376921** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TAS	11 TITLE	☐ Change ☐ Addition
NAME	SAMUELS, RICHARD J.	12 NAME	
STREET ADDRESS	575 DOLLARSPOT CT.	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	MONASTRA, A JAMES.	22 NAME	
STREET ADDRESS	13110 LALIQUE COURT.	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MCANDREW, R. DONALD.	32 NAME	
STREET ADDRESS	31768 COLUMBINE AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	HANSON THOMAS, A.	42 NAME	
STREET ADDRESS	6040 S.W. 163ND ST.	43 STREET ADDRESS	3265 Equestrian Drive
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Boca Raton, FL
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ Richard J. Samuels 2-23-95 407-626-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0284487 CP