

ANNUAL REPORT

1995

DIVISION OF CORPORATIONS

DOCUMENT #P93000005120

1. Corporation Name

WREN ELECTRONICS, INC.

95 MAY - 1 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2297 NW 82 Ave.
Miami, FL 331222297 NW 82 Ave.
Miami, FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

1/21/93

4/11/94

4. FEI Number

65-0383702

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KTA&S REGISTERED AGENT CORP.
1401 BRICKELL AVENUE
Suite #700
MIAMI, FL 33131

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: (print or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIP
Ronald Portney
55 COVESTOWN
SYOSSET, NY 1179111 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP☐ Change ☐ Addition
500001475315
-05/04/95--01024--021
****200.00 ****200.00TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIVISIT
BARRY COHEN
1801 NW 85 AVE.
TAMARAC, FL 3332121 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP61 TITLE
62 NAME
63 STREET ADDRESS
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 007, 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

BARRY COHEN, SECRETARY

4-26-95

305-591-5888