

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

1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE REVENUE

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DOCUMENT # P93000038122 (6)

WIRE CONTROLS, INC.

STATE
OF FLORIDA

1204 BELL AVENUE
FORT PIERCE FL 34902

1204 BELL AVENUE
FORT PIERCE FL 34902

2. Filing Date: 05/24/1993		3a. Filing Date: 09/23/1994	
21. Filing Number: 65-0424519		3b. Filing Number: [Blank]	
22. 2903 Industrial 2nd Ave.		27. 2903 Industrial 2nd Ave.	
23. Fort Pierce, Florida		28. Fort Pierce, Florida	
24. 34946		25. St. Lucie	
26. 34946		29. St. Lucie	
30. ST. LUCIE		31. ST. LUCIE	

9. Name and Address of Current Registered Agent

PECK, RONALD L
4100 N. A1A, APT. 32A
FORT PIERCE FL 34949

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box is acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes, and that the same has been filed for the purpose of changing the registered office of the corporation named herein. The undersigned is a duly qualified and licensed agent for the State of Florida, and is authorized to execute this certificate. I am a resident of the State of Florida, and am a resident of the County of St. Lucie.

12. OFFICERS, AND DIRECTORS

12a. Name	PECK, RONALD L
12b. Address	4100 N. A1A, APT. 32-A FORT PIERCE FL 34949
12c. Name	HOOPER, JAMES R
12d. Address	2132 S.E. HARDING STREET PORT ST. LUCIE FL 34953
12e. Name	
12f. Address	
12g. Name	
12h. Address	
12i. Name	
12j. Address	
12k. Name	
12l. Address	
12m. Name	
12n. Address	
12o. Name	
12p. Address	
12q. Name	
12r. Address	
12s. Name	
12t. Address	
12u. Name	
12v. Address	
12w. Name	
12x. Address	
12y. Name	
12z. Address	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
13a. Name	
13b. Address	
13c. Name	
13d. Address	
13e. Name	
13f. Address	
13g. Name	
13h. Address	
13i. Name	
13j. Address	
13k. Name	
13l. Address	
13m. Name	
13n. Address	
13o. Name	
13p. Address	
13q. Name	
13r. Address	
13s. Name	
13t. Address	
13u. Name	
13v. Address	
13w. Name	
13x. Address	
13y. Name	
13z. Address	

14. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes, and that the same has been filed for the purpose of changing the registered office of the corporation named herein. The undersigned is a duly qualified and licensed agent for the State of Florida, and is authorized to execute this certificate. I am a resident of the State of Florida, and am a resident of the County of St. Lucie.

SIGNATURE: *Ronald L. Peck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR