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

APPROVED AND FILED
95 APR 26 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S08151** **(0)**

1. Corporation Name
WINGS ELECTRO SALES COMPANY, INC.

Principal Place of Business	Mailing Address
11300 FORTUNE CIRCLE SUITE E-9 WEST PALM BEACH FL 33414 US	11300 FORTUNE CIRCLE SUITE E-9 WEST PALM BEACH FL 33414 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1990
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21 11300 FORTUNE CIRCLE	26 11300 FORTUNE CIRCLE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WELLINGTON, FL.	City & State 28 WELLINGTON, FL.
Zip / Country 24 33414 / 25 PALM BEACH	Zip / Country 29 33414 / 30 PALM BEACH

4. FEI Number: 06-1134447 ☐ 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

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

9. Name and Address of Current Registered Agent

SMITH, KATHLEEN A.
12585 TIMBER PINE TRAIL
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name: KATHLEEN A SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 15695 SEA MIST LANE
83
84 City: WELLINGTON **FL** 85 Zip Code: 33414

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: KATHLEEN A. SMITH (Signature, typed or printed name of registered agent and title if applicable) Kathleen A. Smith (NOTE: Registered Agent signature required when reinstating) 4/19/95 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	SMITH, JIMMIE A.	1.2 NAME	JIMMIE H, SMITH	
STREET ADDRESS	12585 TIMBER PINE TRAIL	1.3 STREET ADDRESS	15695 SEA MIST LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WELLINGTON, FL. 33414	
TITLE	DVS	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	SMITH, KATHLEEN A.	2.2 NAME	KATHLEEN A. SMITH	
STREET ADDRESS	12585 TIMBER PINE TRAIL	2.3 STREET ADDRESS	15695 SEA MIST LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WELLINGTON, FL. 33414	
TITLE	TD	3.1 TITLE	DP	☒ Change ☐ Addition
NAME	SMITH, KATHLEEN A.	3.2 NAME	KATHLEEN A SMITH	
STREET ADDRESS	12585 TIMBER PINE TRAIL	3.3 STREET ADDRESS	15695 MIST LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	WELLINGTON, FL. 33414	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: JIMMIE H. SMITH Jimmie H. Smith 4/19/95 407-798-6606
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0951726 CP