

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PH 3: 31

DOCUMENT # P14835 (3)
1. Corporation Name
WRISCO INDUSTRIES INC.

DO NOT WRITE IN THIS SPACE.

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

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.

4. FEI Number **34-1376921** Applied For
Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

23 Zip Country 28 Zip Country

6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**

24 Zip Country 29 Zip Country 30 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS SAMUELS, RICHARD J. 575 DOLLARSPOT CT. WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONASTRA, A JAMES. 13110 LALIQUE COURT. PALM BEACH GARDENS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MCANDREW, R. DONALD. 31768 COLUMBINE AVE. WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HANSON THOMAS, A. 8040 S.W. 163ND ST. MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**3265 Equestrian Drive
Boca Raton, FL**

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 of this report, or on an attachment, with an address.

SIGNATURE: *Richard J. Samuels* **Richard J. Samuels** 2-23-95 407-626-5700
Signature, typed or printed name of signing officer or director Date Daytime (Area) #