

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 465418 (2)

1. Corporation Name
CORAL PAINT AND WALLPAPER, INC.



Principal Place of Business: 3877 SOUTH TUTTLE SARASOTA FL 34239
Mailing Address: 3877 SOUTH TUTTLE SARASOTA FL 34239

3. Date Incorporated or Qualified: 11/25/1974
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1563562	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
24				8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASILEWSKI, KATHERINE
1528 SHADOW RIDGE CIR
SARASOTA FL 34240

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASILEWSKI, KRISTINE	1.2 NAME	
STREET ADDRESS	7309 CLOISTER DR., APT. 40	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASILEWSKI, KATHERINE	2.2 NAME	
STREET ADDRESS	1528 SHADOW RIDGE CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEHLER, LINDA E	3.2 NAME	
STREET ADDRESS	1520 GLEN OAKS DR. EA	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Linda E. Koehler LINDA E. KOEHLER 4-26-96 941-9240087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)