

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 301238 (2)

1. Corporation Name

TAMARAC PAINT & WALLPAPER, INC.



Principal Place of Business

8681 W. MCNAB RD.
TAMARAC FL 33321

Mailing Address

8681 W. MCNAB RD.
TAMARAC FL 33321

3. Date Incorporated or Qualified
01/27/1966

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

WEINTRAUB, ARLENE
8681 W. MCNAB RD.
TAMARAC FL 33321

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 of the president or principal officer of the corporation and the officer or director

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME PD WEINTRAUB, JOSEPH ☐ DELETE

12.2 STREET ADDRESS 8681 W. MCNAB RD.
12.3 CITY-STATE-ZIP TAMARAC FL

12.4 NAME SD WEINTRAUB, ARLENE ☐ DELETE

12.5 STREET ADDRESS 8681 W. MCNAB RD.
12.6 CITY-STATE-ZIP TAMARAC FL

12.7 NAME ☐ DELETE

12.8 STREET ADDRESS
12.9 CITY-STATE-ZIP

12.10 NAME ☐ DELETE

12.11 STREET ADDRESS
12.12 CITY-STATE-ZIP

12.13 NAME ☐ DELETE

12.14 STREET ADDRESS
12.15 CITY-STATE-ZIP

12.16 NAME ☐ DELETE

12.17 STREET ADDRESS
12.18 CITY-STATE-ZIP

12.19 NAME ☐ DELETE

12.20 STREET ADDRESS
12.21 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME
13.23 STREET ADDRESS
13.24 CITY-STATE-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME
13.27 STREET ADDRESS
13.28 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arlene Weintraub

2/20/96

Date

305 722-7600

Daytime Phone #

CR2E034 (12/95)