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 MAY -1 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 494533 (3)

1. Corporation Name
MCCONNELL AIRCONDITIONING, INC.

Principal Place of Business
2220 S W 60TH TERRACE
MIRAMAR FL 33023

Mailing Address
2220 S W 60TH TERRACE
MIRAMAR FL 33023

3. Date Incorporated or Qualified: 03/26/1976
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-1773894 — 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

2. Principal Place of Business: 21 ___ Suite, Apt #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent
MCCONNELL, CHRISTOPHER LYNN
10620 LONDON ST
COOPER CITY FL 33026

10. Name and Address of New Registered Agent
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 617.0502, 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 X [signature] Christopher L. McConnell 4-14-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	TITLE	☐ Change ☐ Addition
NAME	MCCONNELL, DENISE L	NAME	
STREET ADDRESS	10620 LONDON ST	STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	CITY-ST-ZIP	
TITLE	PTD	TITLE	☐ Change ☐ Addition
NAME	MCCONNELL, CHRISTOPHER L	NAME	
STREET ADDRESS	10620 LONDON ST	STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 the 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: Denise L. McConnell 3-17-95 (305) 961-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Denise L. McConnell

0000464 CP

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FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # 495279 (2)

ANNA INVESTMENT, INC.

Principal Place of Business	Mailing Address
3281 NE 6TH AVENUE OAKLAND PARK FL 33334	3281 NE 6TH AVENUE OAKLAND PARK FL 33334

3. Date of Incorporation: 05/04/1976

3a. Date of Last Report: 05/01/1994

4. FEI Number: 65-0398097 — 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. Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business:
21. 3228 NE 11 Avenue
22.
23. Fort Lauderdale FL
24. 33334 25. Broward County

2a. Mailing Address:
26. 3228 NE 11 Avenue
27.
28. Fort Lauderdale FL
29. 33334 30. USA

9. Name and Address of Current Registered Agent

DEMAIO, ANNA
3281 NE 6TH AVE
OAKLAND PARK
FT. LADUERDALE FL 33334

10. Name and Address of New Registered Agent

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 607.1503 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	DE MAIO, ANNA	NAME	
STREET ADDRESS	3900 GALT OCEAN DR.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	DE MAIO, FRANK	NAME	
STREET ADDRESS	3281 NE 6TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	TS	TITLE	☐ Change ☐ Addition
NAME	DE MAIO, GENNARO	NAME	
STREET ADDRESS	3900 GALT OCEAN DR.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	ANTONELLO, GRACE	NAME	
STREET ADDRESS	1875 NE 33RD STREET	STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33334	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I 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 the 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: Gennaro DeMaio 2/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gennaro DeMaio

0237683 CP

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

APPROVED

DO NOT WRITE IN THIS SPACE

DOCUMENT # 497046 (3)

1. Corporation Name
WALLPAPER DISCOUNT, INC.

Principal Place of Business
1023 S. FLA. AVE
LAKELAND FL 33803-8197

Mailing Address
1023 S. FLA. AVE
LAKELAND FL 33803-8197

3. Date Incorporated or Qualified: 02/20/1976
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-1676835 — ☐ 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

2. Principal Place of Business — 21 / Suite, Apt #, etc 22 / City & State 23 / Zip 24 / County 25
2a. Mailing Address — 26 / Suite, Apt #, etc 27 / City & State 28 / Zip 29 / County 30

9. **Name and Address of Current Registered Agent**
DACUNHA, IMAR B.
5044 LOCHINVAR
LAKELAND FL 33813

10. **Name and Address of New Registered Agent**
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

12. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	DACUNHA, IMAR B.
STREET ADDRESS	5044 LOCHINVAR
CITY ST ZIP	LAKELAND FL
TITLE	S
NAME	DACUNHA, IMAR B.
STREET ADDRESS	5044 LOCHINVAR
CITY ST ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [signature] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/18/95
Daytime Phone #: 813 687-3330

0446634 FP