## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 19, 1999 8:00am

**Secretary of State** 

02-19-1999 90049 026 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 612270

WALLPAPER SHOWCASE OF OBLANDO, INC.

TTALL! A	THE SHOWS NOT OF SHEAR	, IIIO.									
Principal Place	of Business	Mailing Address									)  <b>           </b>
4734A SOUTH I ORLANDO FL 3 US		4734A SOUTH KIRKMAN RD ORLANDO FL 32811 US				DO NOT WRIT	E IN THIS	SPACE			
B. Dain aire at Di	Duning	2a. Mailing Address					03/05/1979 FEI Number			Appli	ied For
<b>—</b> '	ace of Business	26. Walling Address				59-1906689		Not Applicable			
Suite, Apt. :	# etc	Suite, Apt. #, etc.						_	\$8.7		ditional
22	.,	27			5.	Certificate of Status Desired			Requ		
City & State	9	City & State			6. Election Campaign Financing S5.00 May Be					ay Be	
23		28					Trust Fund Contribution			ed to !	
Zip	Country	Zip	Zip Country			8.	This corporation owes the curre	ent year Inta		-	
24	25	29 3	0				Personal Property Tax.		Yes		No No
	9. Name and Address of Current	Registered Agent	-			10.	Name and Address of New R	egistered A	gent		
CDA	VENED DERDA I		81	ין וי	vame ,		4				
CRAVENER, DEBRA L. 4734A SOUTH KIRKMAN RD			82	82 Street Address			.O. Box Number is Not Accepta	ble)			
	ANDO FL 32811		83								
Ond	ANDO I E OZOTT		0								
			84	1	City	_		FL	85  Z	ip Co	đe
agent. I ar SIGNATURE	egistered agent, or both, in the State of in familiar with, and accept the obligation Signature, typed or printed name of registered agent.	ons of, Section 607.0505, Florid	a Statute:	S.	corporation			DATE	ment as	, regis	stered
12.	OFFICERS AND		13.			٨	ADDITIONS/CHANGES TO OF	ICERS AND	DIREC	TOR	S IN 12
TITLE	PST	☐ DELETÉ	1.1 TITLE						☐ Chan	ge	Addition
NAME	CRAVENER, DEBRA L.		1.2 NAME								
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.3 STREE	1.3 STREET ADDRESS							
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP							- Addison
TITLE	DV	☐ DELETE	2.1 TITLE						☐ Chan	ge	Addition
NAME	LANGELLA, PATRICIA	·		2.2 NAME							[
STREET ADDRESS	7,01,0001111111111111111111111111111111			2.3 STREET ADDRESS							1
CITY-ST-ZIP	ORLANDO FL	☐ DELETE	2. 4 CITY- 3.1 TITLE	ST-Z	IP				Chan	ne	Addition
TITLE		☐ DEFE IE	3.1 IIILE 3.2 NAME						\$	<b>-</b>	
NAME			3.3 STREE	-	OPESS .		<del>-</del> -				
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-								
TITLE		☐ DELETE	4.1 TITLE	,					☐ Chan	ge	Addition
NAME			4. 2 NAME	:							
STREET ADDRESS			4.3 STREE	ET AD	DRESS						}
CITY-ST-ZIP	4.4 C		4.4 CITY-	ST-Z	P						
TITLE		☐ DELETE	5.1 TITLE				<del></del>		Chan	ge	☐ Addition
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE								
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-5	ST-Z)	P						- Address
TITLE		DELETE	6.1 TITLE						Chan	ye	Addition
TOWNC .			6.2 NAME		ODECC	ice !					
STREET ADDRESS			6.3 STREE	:IAD	UKE35						ļ

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP