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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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1. Corporatio	MENT # F8655	50 (3)				
HER/E	BEST WALLCOVERINGS, IN	IC.				
Principal Place	e of Business	Mailing Address		I 1891189 1181 JEHR BIHRI BIHRI BIH		
4802 MANG		4802 MANGO DR				
% SELMA H TAMARAC F		% SELMA HERBST TAMARAC FL 33319				
- Bula dia di Fi				3. Date Incorporated or Qualified 06/23/1982	3a. Date of Last R 05/23/19	
ri Principai Pi	lace of Business	2a. Mailing Address		4. FEI Number	<b>├</b> ──	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·	59-2331144		Not Applicable
1		27		<ol><li>Certificate of Status Desired</li></ol>		Additional Required
City & State	e	City & State		6. Election Campaign Financing	_ \$5.0	0 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	LJ Adde	d to Fees
וֹ וֹ	25	29	30	8. This corporation has liability for Florida Statutes		199.032,
	9, Name and Address of Currer	nt Registered Agent		10. Name and Address of New F		
			81 Name			
	LEE SCHEIBLICH		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
	W. 58TH CT.					
PARKLA	ND FL 33076		83			
			84 City		<b>₽.</b> 85 Zip	Code
1. Pursuant t	to the provisions of Sections 607,0502	2 and 607,1508. Florida Statut	es the above-named course	ration submits this statement for the su-	FL   °   2"	
or register	to the provisions of Sections 607.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authoriz	ed by the corporation's boa	erd of directors. I becable accord the open	rpose or changing its fi	egisterea office
familiar wit		ion 607 0505. Florida Statutor		ind or disectors. Thereby accept the appi	ontribut as registered	agent. I am
	in, and accept the obligations of, 3ect	ion 607.0505, Florida Statutes	i.	по от аконога. Тногору ассори те аррг	ommon as registered	agent. I am
IGNATURE _	Signature, typied or printed name of registered agent	and title if applicable. (NC	ITE: Registered Agnnt signature require		DATE	agent. I am
IGNATURE _	Signature, hyped or printed name of registered agent OFFICERS AN	and title if applicable. (NC	PTE: Registered Agent signature require		DATE	·
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