SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Aug 19 1998 8:00am Secretary of State

DOCUMENT # F9300002338 (2)					
WALLPAPERS TO GO, INC.					
Principal Plac	e of Business	Mailing Address	/	1.001/00 1/10 (0/10 1/1/) 00/// [0/// 00/// 00///	
1 '		16825 NORTHCHASE DR. S	UITE 900		
HOUSTON 7X 77060		HOUSTON TX 77060	• • • • • • • • • • • • • • • • • • • •	DO NOT WRITE IN THIS SPACE	
6				3. Date Incorporated or Qualified	IS SPACE
-				05/11/1993	į.
	lace of Business	2a. Malling Address		4. FEI Number	Applied For
21 / C	560 MIOWAY RE			76-0275295	Not Applicable
22 Suite, Apt.	. ₩, ΘιC.	Spile Apt. #, etc.	12	5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star	Ibs. TX	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zipo	Country,	Zip	Country	8. This corporation owes or has paid the co	
24 /5/	25 UST		30	Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	d Agent
C T CORPORATION SYSTEM			81 Name		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		_ <b>d</b> n	82 Street	Address (P.O. Box Number is Not Acceptable)	
		4	83	83	
				me	
			84 City	3an F	L 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	an raminar with, and accept the obligati	ons of section our coop, Flor	ioa Statutes.		
Ĺ	Signature, typod or printed name of registered agent a			re required when reinstaling) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME	D Sivitz, William D	DELETE	1.1 TITLE 1.2 NAME	Steverny Siboatlos	Change Addition
STREET ADDRESS	266 PROVINCE LINE ROAD		1.3 STREET ADDRESS	14560 mioway	, <u> </u>
CiTY-ST-ZIP	SKILLMAN NJ		1.4 CITY-ST-ZIP	DAILOS TX 7526	4
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	ARTHURS, ROSS D		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	PENNINGTON NJ		2.4 CITY-ST-ZIP		
TITLE NAME	TD   Yantz, † D	DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	851 W. FRIAN TUCK LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		3.4 CITY-ST-ZIP		
TITLE	P	4 DELETE	4.1 TITLE	Propioent	Change Addition
NAME	MARTINEZ, ANTONIO	_	4.2 NAME	Ansonio Marinez 4623 MYCY WOOD DAILAS, TX 15	
STREET ADDRESS	13610 GAINESWAY DR		4.3 STREET ADDRESS	4623 myer wood	
CITY-ST-ZiP	CYPRESS TX		4.4 CITY-ST-ZIP	-WALLOS, 1 1 75	
TITLE NAME		L DELETE	5.1 TITLE 5.2 NAME		L Change L Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

4. 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 reput 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 proporation 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 giringed, or on an attachment with an address.

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