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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 05 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400001428 (1)

UNITED STATES SCHOOL OF PROFESSIONAL PAPERHANGIN G, INC.

Principal Plac	e of Business	Mailing Address				" I HURAINDO LITO FORM BUULL WRITE ADAIN DONAL DONAL BUULL ALDER HIDER LIDER FORM LUDI				
16490 TIMBERL	AKES OR	16490 TIMBERLAKES DR								
SUITE 203		SUITE 203								
FT MYERS FL 33908		FT MYERS FL 33908-4363		9	Date Incorporated or Qualified	9. 0	ate of Last	Roport		
						3/22/1994		26/1996	Neport	
· · ·	lace of Business	2s. Mailing Address			4.	FEI Number			pplied For	
21 CLIMITE	DISTATES SCHOOL OF	Suite And # etc.							lot Applicable	
PROFESSIONAL PAPERHANGING ()			Me)	5.	Certificate of Status Desired		-	Additional Required	
	MBERLAKES DR. #203	City & State				6. Election Campaign Financing \$5.00 May Be				
		28				Trust Fund Contribution			to Fees	
Zφ	Country Lee	Zip	Country	/		This corporation has liability fo			s. 199.032,	
24	9, Name and Address of Current Re	29 30	<u> </u>			Florida Statutes Name and Address of New R	Yes	No No		
WAD	81	Name	10.	Halle alle Acelesa of How I	ohistoron	vAcur.				
Warshaw, Stan 16490 Timberlakes Dr										
SUITE 203			82	Street A	Address (P.	O. Box Number is Not Accepta	ible)			
FT MYERS FL 33908			83							
			84	City			FI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502 an	nd 607.1508, Florida Statutes,	the above	e-named (corporation	submits this statement for the	purpose o	of changing	its registered	
office or r agent. La	to the provisions of Sections 607,0502 an egistered agent, or both, in the State of F m timiliar with land a sept the obligation	florida. Such change was authors of Section 607 0505. Florid	horized by la Statute	y the corp	oration's bo	oard of directors. I hereby acc	pt the ap	pointment a	s registered	
SIGNATUR	Hanly Musha	W-STAN	lex	ω	AARS	HAW-YYE	> /-	13-	16	
12.	Stgnidens, typed or punted Jame of registered agent and OFFICERS AND DI		13.	eni signature i	nedw beriuper A	ODITIONS/CHANGES TO OFF	DATE	D DIRECTO	DOME 10 a	
TOTALE	P	☐ DELETE	1.1 TITLE		7.P	/	CENS AN	Change		
NAME	WARSHAW, STANLEY		1.2 NAME			CHARIENE	ιΔ	-A~ LL	11.	
STREET ADDRESS	16490 TIMBERLAKES DR, SUITE 2	.03	•	ADDRESS	175	THE COURT	w	机农品	7014	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY - S		ے کے	ARA -PI	} ~ 3	3900	1	
TITLE	\$	DELETE	2.1 TITLE				1	Change	☐ Addition	
NAME	O'ROURKE, MERYL		2.2 NAME						_	
STREET ADDRESS	61 EAST ST		2.3 STREET	ADDRESS						
CITY - ST ZIP	rutland vi		2. 4 CITY -	ST-ZIP						
TITLE	V	☐ DELETE	3.1 TITLE				······································	Change	Addition	
NAME	Warshaw, Leah e		3.2 NAME							
STREET ADDRESS	16490 TIMBERLAKES DR, SUITE 2	:03	3.3 STREET	T ADDRESS	•					
CITY-SI-ZIP	FT MYERS FL		3.4. CITY -	ST-ZIP			*			
TITLE	VP	DELETE	4.1 TITLE					Change	Addition	
NAME	CHARLENE WARSJAW		4. 2 NAME							
STREET ADDRESS	16490 TIMBERLAKES DR. #203		4.3 STREET	ADDRESS						
CITY+S1-2iP	FT MYERS FL		4.4 CITY - S	ST-ZIP						
TITLE		DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY+ST-ZIP			5.4 CITY - S	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	
NAMÉ.			6.2 NAME	,						
STREET ADDRESS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		6.3 STREET	ADDRESS						
CITY - ST - ZIP			6.4 CITY-S	ST-ZIP						

14. Ido 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