FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H22316** **(4)**

1. Corporation Name

ROYAL AMERICAN WALLCRAFT, INC.

Principal Place of Business	Mailing Address
RR4. #145 INTERCACHEN FL 32148	RR4. #145 INTERCACHEN FL 32148

3. Date Incorporated or Qualified: 09/24/1984	3a. Date of Last Report: 01/31/1995
4. FEI Number: 59-2510817	☐ 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	2a. Mailing Address
21 105 SILVER BEACH BLVD.,	26 P.O. Box 880.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: POMONA PARK, FL	28 City & State: POMONA PARK, FL.
24 Zip: 32181 — 25 Country	29 Zip: 32181-0880 — 30 Country

9. Name and Address of Current Registered Agent

BERRY, DENE R
RR4, #145
INTERCACHEN FL 32148

10. Name and Address of New Registered Agent

81 Name: DENE R. BERRY
82 Street Address (P.O. Box Number is Not Acceptable): 105 SILVER BEACH BLVD, - RR1 BOX 860,
83
84 City: POMONA PARK FL 85 Zip Code: 32181.

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSHIRE, JOSEPH L	1.2 NAME	
STREET ADDRESS	144 LAKE SHORE TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INTERACHEN FL 32148	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILSHIRE, GLENNIS M	2.2 NAME	
STREET ADDRESS	144 LAKE SHORE TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BERRY, DENE R	3.2 NAME	
STREET ADDRESS	144 LAKE SHORE TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 32148	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CORMAN, ROBERT J	4.2 NAME	
STREET ADDRESS	515 SOUTH INDIAN RIVER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34950	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HANSON, PETER	5.2 NAME	
STREET ADDRESS	1 HILLSIDE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLECKHEATON, W YORKS ENGLAND	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	

CR2E034 (12/95)

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: _____ DENE R. BERRY V.P. 2/21/96 9046494105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #