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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
105 SILVER BEACH BLVD POMONA PARK FL 32181 US	PO BOX 860 POMONA PARK FL 32181-0860 US

3. Date Incorporated or Qualified: 09/24/1984
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2510817 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: 32181
Country — 25: USA
Zip — 29: 32181-0860
Country — 30: USA
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

DENE R. BERRY
105 SILVER BEACH BLVD., RR1 BOX 860
POMONA PARTK FL 32181

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or print name of registered agent, and title if applicable

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	105 SILVER BEACH BLVD.,	
CITY-ST-ZIP	INTERACHEN FL 32148		1.4 CITY-ST-ZIP	POMONA PARK, FL 32181	
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	105 SILVER BEACH BLVD	
CITY-ST-ZIP	INTERLACHEN FL 32148		2.4 CITY-ST-ZIP	POMONA PARK, FL 32181	
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	105 SILVER BEACH BLVD	
CITY-ST-ZIP	INTERLACHEN FL 32148		3.4 CITY-ST-ZIP	POMONA PARK, FL 32181	
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 (9/96)

14. I do 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.

SIGNATURE: _____ DENE R. BERRY 1/23/97 904-649-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #