

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H22316** (4)
1. Corporation Name
ROYAL AMERICAN WALLCRAFT, INC.

Principal Place of Business
**105 SILVER BEACH BLVD
POMONA PARK FL 32181
US**

Mailing Address
**PO BOX 880
POMONA PARK FL 32181-880
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1984

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DENE R. BERRY
105 SILVER BEACH BLVD., RR1 BOX 880
POMONA PARK FL 32181**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

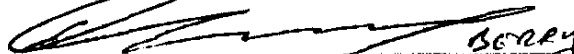
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ DELETE
NAME	WILSHIRE, JOSEPH L	
STREET ADDRESS	105 SILVER BEACH BLVD	
CITY-ST-ZIP	POMONA PARK FL	
TITLE	SD	☐ DELETE
NAME	WILSHIRE, GLENNIS M	
STREET ADDRESS	105 SILVER BEACH BLVD	
CITY-ST-ZIP	POMONA PARK FL	
TITLE	VD	☐ DELETE
NAME	BERRY, DENE R	
STREET ADDRESS	105 SILVER BEACH BLVD	
CITY-ST-ZIP	POMONA PARK FL	
TITLE	D	☐ DELETE
NAME	CORMAN, ROBERT J	
STREET ADDRESS	515 SOUTH INDIAN RIVER DR.	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	D	☐ DELETE
NAME	HANSON, PETER	
STREET ADDRESS	1 HILLSIDE DR.	
CITY-ST-ZIP	CLECKHEATON, W YORKS ENGLAND	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	BERRY, DENE R.	
1.3 STREET ADDRESS	105 SILVER BEACH BLVD	
1.4 CITY-ST-ZIP	POMONA PARK, FL 32181	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:



2/25/98 904-649-4105

CP2E034 (10/97)