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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H22316

1. Corporation Name
ROYAL AMERICAN WALLCRAFT, INC.

Principal Place of Business	Mailing Address
105 SILVER BEACH BLVD POMONA PARK FL 32181 US	PO BOX 880 POMONA PARK FL 32181-880 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/24/1984

4. FEI Number: 59-2510817 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City-&-State 23	City-&-State 28
Zip 24 Country 25	Zip 29 Country 30

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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, DENE R		1.2 NAME		
STREET ADDRESS	105 SILVER BEACH BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMONA PARK FL 32181		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILSHIRE, GLENNIS M		2.2 NAME		
STREET ADDRESS	105 SILVER BEACH BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMONA PARK FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, DENE R		3.2 NAME		
STREET ADDRESS	105 SLIVER BEACH BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMNOA PARK FL		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		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DENE R. BERRY, P, V, D. 3/22/99 904-649-4405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #