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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # K10132 1. Corporation Name

THE WALLPAPER WIZARD, INC.

Principal Place of Business

7620 GUNN HWY SUITE 120

Mailing Address

ODESSA FL 33556

19610 GUNN HWY

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90092 029 \*\*\*150.00



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TAMPA FL 3362	95	ODESON 12 00000				DO NOT WRITE IN THIS SPACE			
TAMI A 11 35025						3. Date Incorporated or Qualifed			
						12/31/1987			
Principal Place of Business     2a. Mailing Address						4. FEI Number	— ليـــا	plied For	
21 6108 A Gum Huy 26						59-2861406		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22						5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing	\$5:00	May Be	_
23 Tamparl 28						Trust Fund Contribution	Added t	o Fees	
Zip Country Zip			Country			8. This corporation owes the current year		<b>.</b>	
24 33 <u>6</u> 3	25 Hillsboro		<u> </u>			Personal Property Tax.	Yes	XNo	
	9, Name and Address of Current	Registered Agent		64		10. Name and Address of New Register	ed Agent		
MCCOMBS, MARK H.				81	Name				
				82	Street Address (P.O. Box Number is Not Acceptable)				
19610 GUNN HWY			- {						ı
ODESSA FL 33556				83					ı
				64	City	F	85 Zip (	ode	ĺ
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the at	oove	named cor	poration submits this statement for the purpose	of changing its	registered	
Office of re	egistered agent, or both, in the State o m familiar with, and accept the obligation	t Finnda. Such change was auti	ionzea	DV I	ine corporai	ion's board of directors. I hereby accept the ap	pointment as re	gistered	
SIGNATURE		and title if anniholds (NOTE: Pr	naintered	Acent	t cionatura raduit	red when reinstating) DATE			_
Signature, typed or printed name of registered agent and title if applicable (NOTE: Re-				13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	(11/98)
TITLE	PD	☐ DELETE		lE	-T		Change	Addition	Ξ
NAME	MCCOMBS, MARK H.			1.2 NAME				- [	S
STREET ADDRESS	19610 GUNN HWY			1.3 STREET ADDRESS					
CITY-ST-ZIP	ODESSA FL			ry-st	-ZIP				CR2E034
TITLE	VTD DELETE		2.1 TITLE				Change	Addition	, 0
NAME	WEISS-MCCOMBS, WENDY		2.2 NAME						ŀ
STREET ADDRESS	19610 GUNN HWY			REET	ADDRESS				
CITY-ST-ZIP	ODESSA FL			2, 4 CITY-ST-ZIP					l
TITLE	D DELETE			LE_		-	Change	Addition	_
NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		3.2 NAME			**			ĺ
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	<u>                                     </u>			TY-S	T-ZIP			□ Addis	l
TITLE	DELETE			4,1 TITLE			Change	☐ Addition I	
NAME			4. 2 N	AME		·			ĺ
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CF		r-zip		Change	Addition	l
ΠΙΓΕ		☐ DELETE	5.1 111		-		Change	☐ Addition	l
NAME			5.2 NA		ADDDESS			1	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP_			5.4 CF 6.1 TIT		1 - ZIP		Change	Addition	ĺ
TITLE		☐ DELETE	l		Ì		□ cuan∂e	□ vaalaht	ĺ
NAME			6.2 NA						1
STREET ADDRESS			L		ADDRESS				
CITY-ST-ZIP			6.4 CF	IY-ST	T-ZIP				j

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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE: