

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathews
Secretary of State
1995-1997
1900 Bank of America Building
Tallahassee, Florida 32399-0001

DOCUMENT # **K36606**

(7)

WALLPAPERS OF TAMPA BAY, INC.

APPROVED
FILED
MAY 1 1995
TAMPA, FLORIDA

Principal Office Location: 1819 E. FOWLER AVE, TAMPA FL 33612 US
Mailing Address: 13399 PINE BARK CT, LARGO FL 34644

DO NOT WRITE IN THIS SPACE

2. Previous Fiscal Year	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/05/1988	05/01/1994
4. FEI Number	Applied For
59-2910517	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
7. The corporation has adopted the provisions of Chapter 607, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DERFUS, DANIEL J.
13399 PINE BARK CT.
LARGO FL 34644

10. Name and Address of New Registered Agent

B1. Name		
B2. Street Address (P.O. Box Number is Not Acceptable)		
B3.		
B4. City	FL	B5. Zip Code

11. Pursuant to the provisions of Sections 607.01(4)(b) 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 provisions of Sections 607.01(4)(b) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

OFFICER	DPT
NAME	DERFUS, DANIEL J.
STREET ADDRESS	C/O 1817 E. FOWLER AVE.
CITY	TAMPA FL
OFFICER	DVS
NAME	DERFUS, MARCY H.
STREET ADDRESS	C/O 1817 E. FOWLER AVE.
CITY	TAMPA FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the signatures shall have the same legal effect as made under oath. That I am an officer or director of the corporation or the name of the corporation is required to file this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of this report or its attachment with an address.

SIGNATURE: *Daniel J. Derfus*
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

813-977-8026