

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K36606 (7)**  
1. Corporation Name  
**WALLPAPERS OF TAMPA BAY, INC.**



Principal Place of Business: **1819 E. FOWLER AVE. TAMPA FL 33612 US**  
Mailing Address: **13399 PINE BARK CT. LARGO FL 34644**

3. Date Incorporated or Qualified: **10/05/1988**  
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	22. Mailing Address	23. City & State	24. Zip	25. Country	26. <b>10573 BLOSSOM</b>	27. Suite, Apt. #, etc.	28. <b>LAKE DRIVE</b>	29. City & State	30. <b>SEMINOLE, FL</b>	31. Zip	32. Country	33. <b>34642</b>	34. <b>FLORIDA</b>	35. <b>FL</b>	36. Zip Code	37. <b>34642</b>	4. FEI Number	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
																	<b>59-2910517</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No						
																Applied For	Not Applicable		<b>\$8.75 Additional Fee Required</b>		<b>\$5.00 May Be Added to Fees</b>					

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

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**10573 BLOSSOM LAKE DR.**  
83.  
84. City **SEMINOLE** State **FL** Zip Code **34642**

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 their application DATE Registered Agent signature and date of filing DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>DERFUS, DANIEL J.</b>		1.2 NAME				
STREET ADDRESS	<b>C/O 1817 E. FOWLER AVE.</b>		1.3 STREET ADDRESS	<b>10573 BLOSSOM LAKE DR.</b>			
CITY-ST-ZIP	<b>TAMPA FL</b>		1.4 CITY-ST-ZIP	<b>SEMINOLE, FL 34642</b>			
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>DERFUS, MARCY H.</b>		2.2 NAME				
STREET ADDRESS	<b>C/O 1817 E. FOWLER AVE.</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TAMPA FL</b>		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Daniel J. Derfus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DANIEL J. DERFUS**

**6-28-96** **392-2024**  
Date Day/Phone #

CR2E034 (12/95)