

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**
4. FEI Number: **59-2910517**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 10573 BLOSSOM LAKE DRIVE**
Suite, Apt. #, etc.: **27**
City & State: **28 SEMINOLE, FL**
Zip: **24 34642** Country: **25**
Country: **29 PINELLAS** **30**

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: **85 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	DPT <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERFUS, DANIEL J.	1.2 NAME
STREET ADDRESS	C/O 1817 E. FOWLER AVE.	1.3 STREET ADDRESS 10573 BLOSSOM LAKE DR.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP SEMINOLE, FL 34642
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERFUS, MARCY H.	2.2 NAME
STREET ADDRESS	C/O 1817 E. FOWLER AVE.	2.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	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)