FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 9:43

DOCUMENT # **K81744** **(0)**

1. Corporation Name
WALL FASHIONS UNLIMITED, INC.

Principal Place of Business	Mailing Address
3525 W. LAKE MARY BLVD. SUITE 301-302 LAKE MARY FL 32746 US	3525 WEST LAKE MARY BLVD SUITE 301-302 LAKE MARY FL 32746 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 205 EAST FIRST ST.
22 Suite, Apt. #, etc.: STE D
23 City & State: SANFORD, FL
24 Zip: 32771
25 Country: SEMINOLE

2a. Mailing Address
26: 205 EAST FIRST ST.
27 Suite, Apt. #, etc.: STE D
28 City & State: SANFORD, FL
29 Zip: 32771
30 Country: SEMINOLE

4. FEI Number: 59-2356730 ☐ Applied For ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHIRMER, ELLEN
3525 W. LAKE MARY BOULEVARD
SUITE 301-302
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 205 EAST FIRST STREET STE D
83:
84 City: SANFORD FL 85 Zip Code: 32771

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1 1 TITLE	☑ Change ☐ Addition
NAME	SCHIRMER, ELLEN	1 2 NAME	
STREET ADDRESS	~~3525 W. LAKE MARY BOULEVARD, SUITE 301~~	1 3 STREET ADDRESS	205 EAST FIRST STREET STE D
CITY-ST-ZIP	~~LAKE MARY FL~~	1 4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D	2 1 TITLE	☑ Change ☐ Addition
NAME	SCHIRMER, ELLEN	2 2 NAME	
STREET ADDRESS	~~3525 W. LAKE MARY BOULEVARD, SUITE 301~~	2 3 STREET ADDRESS	205 EAST FIRST ST. STE D
CITY-ST-ZIP	~~LAKE MARY FL~~	2 4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	VP	3 1 TITLE	☑ Change ☐ Addition
NAME	SCHIRMER, ELLEN	3 2 NAME	
STREET ADDRESS	~~3525 W. LAKE MARY BOULEVARD, SUITE 301~~	3 3 STREET ADDRESS	205 EAST FIRST ST. STE D
CITY ST ZIP	~~LAKE MARY FL~~	3 4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY-ST-ZIP	
TITLE		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 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)(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.

SIGNATURE: Ellen R Schirmer SCHIRMER 5-22-95 321-2204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040342 CP