

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K81744** (0)

1. Corporation Name

WALL FASHIONS UNLIMITED, INC.



Principal Place of Business

**205 EAST FIRST ST
SUITE D
SANFORD FL 32771
US**

Mailing Address

**205 EAST FIRST ST
SUITE D
SANFORD FL 32771
US**

3. Date Incorporated or Qualified
04/20/1989

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FET 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

10. Name and Address of New Registered Agent

**SCHIRMER, ELLEN
205 EAST FIRST ST
SUITE D
SANFORD FL 32771**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of Registered Agent (if different from the corporation's board of directors)

Signature of Registered Agent (if different from the corporation's board of directors)

DATE

12 OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	SCHIRMER, ELLEN	
STREET ADDRESS	205 EAST FIRST ST SUITE D	
CITY, ST, ZIP	SANFORD FL	
TITLE	D	☐ DELETE
NAME	SCHIRMER, ELLEN	
STREET ADDRESS	205 EAST FIRST ST SUITE D	
CITY, ST, ZIP	SANFORD FL	
TITLE	VP	☐ DELETE
NAME	SCHIRMER, ELLEN	
STREET ADDRESS	205 EAST FIRST ST SUITE D	
CITY, ST, ZIP	SANFORD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	SANFORD, FL 32771
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	SANFORD, FL 32771
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	SANFORD, FL 32771
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Ellen L. Schirmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-96 407-321-2204
Date Daytime Phone #

CR2E034 (12/95)