

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 # **L44974** (8)

1. Corporation Name

MADISON WALLCOVERING STUDIO, INC.



Principal Place of Business

Mailing Address

**% WALTER ZIEGLER
2410 SUCCESS DR.
ODESSA, FL. FL 33556**

**% WALTER ZIEGLER
2410 SUCCESS DR.
ODESSA, FL. FL 33556**

3. Date Incorporated or Qualified

01/25/1990

3a. Date of Last Report

06/12/1995

4. FEI Number

59-2889396

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOROTA, JOSEPH J., JR.
2900 U.S. HWY 19 NORTH
SUITE 501
CLEARWATER FL 34621**

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 607.1503, 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 not the same as the filer, attach separate statement)

Signature of Registered Agent (if not the same as the filer, attach separate statement)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change ☐ Addition

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change ☐ Addition

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER ZIEGLER

1.15.96 8B-372-722

File

Do Not File

CR2E034 (12/95)