

3-4-98 B 2826 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L72533 (7)  
1. Corporation Name  
WALL DECORUM, INC.



Principal Place of Business % JOSEPH D. STEWART, ESQUIRE 801 LAUREL OAK DRIVE SUITE 705 #302 NAPLES FL 34112 2671 Airport Road South Naples, FL 34112	Mailing Address % JOSEPH D. STEWART, ESQUIRE 801 LAUREL OAK DRIVE SUITE 705 NAPLES FL 34112 2671 Airport Road South Suite 302 Naples, FL 34112
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2671 Airport Road So. Suite, Apt. #, etc. 22 Suite 302 City & State 23 Naples, FL Zip 24 34112	2a. Mailing Address 26 2671 Airport Road So. Suite, Apt. #, etc. 27 Suite 302 City & State 28 Naples, FL Zip 29 34112	3. Date Incorporated or Qualified 05/11/1990	4. FEI Number 65-0199917	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent STEWART, JOSEPH D 2671 AIRPORT RD SOUTH SUITE 302 NAPLES FL 34112	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PST	DAMPIER, ROBERT A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6115 28TH AVENUE S.W.		1.3 STREET ADDRESS	
NAPLES FL		1.4 CITY-ST-ZIP	
D	DAMPIER, ROBERT A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6115 28TH AVENUE S.W.		2.1 TITLE	
NAPLES FL		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E034 (1097)