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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L88987**

(7)

1. Corporation Name
WALLPAPER WORKS INC.

Principal Place of Business
**6132 SW HIGHWAY 200
SUITE 6132
OCALA FL 34476-5520
US**

Mailing Address
**6132 SW HIGHWAY 200
SUITE 6132
OCALA FL 34476-5520
US**

3. Date Incorporated or Qualified **07/20/1990** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOBERG, ROBERT C.
4730 S.E. 33RD TERRACE
OCALA FL 34480**

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 type (typed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CEO**
STREET ADDRESS **MOBERG, ROBERT C**
CITY-ST-ZIP **4730 S.E. 33RD TERRACE**
OCALA FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **(21P) 34480**

TITLE ☐ DELETE
NAME **PM**
STREET ADDRESS **MOBERG, SHARON A**
CITY-ST-ZIP **4730 33RD TERR**
OCALA FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **21P 34480**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **MOBERG, MARK R**
CITY-ST-ZIP **1802 CREEKBEND DR**
LAKELAND FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **(21P) 33811**

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **MOBERG, DAVID C.**
CITY-ST-ZIP **9302 E. MARTIN LUTHER KING BLVD**
TAMPA FL (MOVED) →

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **ST**
4.3 STREET ADDRESS **MOBERG, DAVID C.**
4.4 CITY-ST-ZIP **6411 Lakes Divide**
TAMPA, FL 33637

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

Robert C. Moberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/97 (352) 237-4447
Date Daytime Phone #

CR2E034 (9/96)