## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000018442 (1)

| CUSTO   | M WALLPAPER INSTALLA   | TION, INC.   | ` '  |                                      |            |                               |  | iri fjer ål            |                             |  |
|---|--|--|--|--------------------------------------|------------|-------------------------------|--|------------------------|-----------------------------|--|
| Principal Place of Business Mailing Address   |  |  |  |                                      |            |                               |  |                        |                             |  |
| 7664 90TH WAY NORTH 7664 90TH WAY NORTH   |  |  |  |                                      |            |                               |  |                        |                             |  |
| LARGO FL 34647 LARGO FL 34647   |  |  |  |                                      |            |                               | DO NOT WELL THE  |                        |                             |  |
| ,   |  |  |  |                                      |            |                               | DO NOT WRITE IN THIS SP.   | ACE                    |                             |  |
|   |  |  |  |                                      |            |                               | 3. Date Incorporated or Qualified  |                        |                             |  |
| 2. Principal Place of Business 2a. Mailing Address  |  |  |  |                                      |            |                               | 03/04/1994<br>4. FEI Number  |                        | pplied For                  |  |
| 21  |  | 26   |  |                                      |            |                               | 59-3232567   | <del></del>            | ot Applicable               |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.  |  |                                      |            |                               |  | Additional             |                             |  |
| 22  |  | 27   |  |                                      |            |                               | 5. Certificate of Status Desired   | •                      | equired                     |  |
| City & Stat   | 0  | City & State   |  |                                      |            |                               | 6. Election Campaign Financing   | \$5.00                 | May Be                      |  |
| Zin Country   |  | 28   |  |                                      |            |                               | Trust Fund Contribution  | Added                  | to Fees                     |  |
| Zip 24  | Country Zip  |  | <u> </u>                                       | Country                              |            |                               | 8. This corporation owes or has paid the current year Intangible   |                        |                             |  |
| 24  | 25 S. Name and Address of Curre  | 29   |  | 30                                   |            |                               | Personal Property Tax due June 30.   |                        | _] No                       |  |
| - Dut   | ······································   | Holiereien wäell   | •  | - la                                 | 31         | Name                          | 10. Name and Address of New Registered Ag  | ent                    |                             |  |
| DIMARCO, CHARLES  |  |  |  |                                      |            |                               |  |                        |                             |  |
| 7664 90TH WAY NORTH<br>LARGO FL 34647   |  |  |  | 8                                    | 32         | Street Addre                  | ess (P.O. Box Number is Not Acceptable)  |                        |                             |  |
| LANGU FL 3404/  |  |  |  |                                      | 3          |                               |  |                        |                             |  |
|   |  |  |  |                                      |            |                               |  |                        | . <u>.</u>                  |  |
|   |  |  |  |                                      | 14         | City                          | FL   | <b>85</b> Zip          | Code                        |  |
| 11. Pursuant office or reagent. I a   | to the provisions of Sections 607.05<br>egistered agent, or both, in the Stat<br>m familiar with, and accept the oblig | 02 and 607.1508, Flo<br>e of Florida. Such chi<br>gations of, Section 60 | orida Statutes<br>ange was au<br>7.0505, Flori | s, the about<br>thorized lida Statut | by<br>les. | named corpo<br>the corporatio | oration submits this statement for the purpose of chon's board of directors. I hereby accept the appoin  | nanging i<br>itment as | ts registered<br>registered |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered |  |  |  |                                      | gen        | eriuper erulangia I           | d when reinstaling) DATE   |                        |                             |  |
| 12.   | <del></del>  | ND DIRECTORS   |  | 13.                                  |            |                               | ADDITIONS/CHANGES TO OFFICERS AND D  |                        | RS IN 12                    |  |
| TITLE   | <del></del>  |  | 1.1 TITLE                                      | 1.1 TITLE                            |            |                               | Change   | Addition               |                             |  |
| NAME  | DIMARCO, CHARLES   |  |  | 1.2 NAM                              | E          |                               | •  |                        |                             |  |
| STREET ADDRESS  | 7664 90TH WAY NORTH  |  |  | 1.3 STRE                             | ET A       | ADDRESS -                     | •  |                        |                             |  |
| CITY-ST-ZIP   |  |  |  | 1.4 CITY-ST-ZIP                      |            | <u> </u>                      |  |                        |                             |  |
| TITLE   |  |  | UCLETE   | 2.1 TITLE                            |            | !                             | L.J  | Change                 | ☐ Addition                  |  |
| NAME<br>STREET ADDRESS  |  |  |  | 2.2 NAME                             | -          |                               |  |                        |                             |  |
| STREET ADDRESS  |  |  |  | 2.3 STREE                            |            |                               | e di constituit de la c |                        |                             |  |
| CITY-ST-ZIP<br>TITLE  |  |  | DELETE   | 2.4 CITY<br>3.1 TITLE                |            | - ZIP                         |  | Change                 | ☐ Addition                  |  |
| NAME  |  | ٠ ـــ  |  | 3.1 TILE<br>3.2 NAME                 |            |                               |  | onalige.               | AUGILIOIT                   |  |
| STREET ADDRESS  |  |  |  | 3.3 STREE                            |            | DDAFSS                        |  |                        |                             |  |
| CITY-ST-ZIP   |  |  |  | 3.4. CITY                            |            | 1                             |  |                        |                             |  |
| TITLE   | <u> </u>   |  | DELETE   | 4.1 TITLE                            |            | E/I                           | · · · · · · · · · · · · · · · · · · ·  | Change                 | Addition                    |  |
| NAME  |  |  |  | 4. 2 NAM                             |            | }                             |  |                        |                             |  |
| STREET ADDRESS  |  |  |  | 4.3 STREE                            |            | DDRESS                        |  |                        | }                           |  |
| CITY-ST-ZIP   |  |  |  | 4.4 CITY-                            |            |                               |  |                        |                             |  |
| TITLE   |  |  | DELETE   | 5.1 TITLE                            |            |                               |  | Change                 | Addition                    |  |
| NAME  |  |  |  | 5.2 NAME                             | Ē          |                               |  | •                      | j                           |  |
| STREET ADDRESS  |  |  |  | 5.3 STREE                            | ET AL      | DDRESS                        |  |                        |                             |  |
| CITY-ST-ZIP   |  |  |  | 5.4 CiTY-                            | st-        | ZIP                           |  |                        |                             |  |

14. Thereby 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 and a sequence of the corporation of the receiver of 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 and a sequence of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address of the corporation of the c Shanged, or on an attachment with an address CHARLES J. DIMARCO

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

2-16-98 81339141M9

☐ Addition

**FILED** 

Feb 20 1998 8:00am

Secretary of State