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

PROFIT: CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000018442

| CUSTOM WALLPAPER INSTALLATION, INC. | | | | | |
|---|---|---|---|--|--|
| | · · · · · · · · · · · · · · · · · · · | | | 1 1 00/100 7 Jul (01/1 010) 40/Jul 60/Jul 60/Jul | 1818) (18 8) 188) 616) 816) 816) 186 |
| <u> </u> | | | • | | |
| Principal Place of Business Mailing Address | | | | | |
| 7664 90TH WAY NORTH 7664 90TH WAY NORTH LARGO FL 34647 LARGO FL 34647 | | | | DO NOT WRITE IN A | · · |
| | | | | DO NOT WRITE IN T | HIS SPACE |
| | | | | 03/04/1994 | |
| 2. Principal Place of Business 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| 21 26 | | | 59-3232567 | Not Applicable | |
| Suite, Apt. #, etc. Suite, A | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State City & State | | <u> </u> | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 28 | | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | |
| 24 | 25 | 29 | 30 | Personal Property Tax. | ¥ Yes □No |
| | 9. Name and Address of Curren | t Registered Agent | 81 Name | 10. Name and Address of New Register | red Agent |
| DIM. | ARCO, CHARLES | | Name | | • |
| 57664 90TH WAY NORTH | | 82 Street Addr | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| LAR | IGO FL 34647 | | 83 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | • | • | 24 07 | | |
| TORICLE ENTRY | A SIN I | | 84 City | | Zip Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statu | tes, the above-named corp | oration submits this statement for the purpose | e of changing its registered |
| agent. I a | am familiar with, and accept the obligat | tions of, Section 607.0505, Flo | orida Statutes. | on's board of directors. I hereby accept the ap | , , |
| SIGNATURE | | | , | | |
| 12 | Signature, typed or printed name of registered agent and title if applicable. (NOTE 12. OFFICERS AND DIRECTORS | | Registered Agent signature require | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | D | DELETE | 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS | Change Addition |
| NAME | DIMARCO, CHARLES | | 1.2 NAME | * • • | |
| STREET ADDRESS | 7664 90TH WAY NORTH | | 1.3 STREET ADDRESS | • | |
| CITY-ST-ZIP | LARGO FL 34647 | | 1.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | | | 2.2 NAME | • | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2. 4 CITY-ST-ZIP | | |
| TITLE CONTRACT | aco as has | ☐ DELETE | 3.1 TITLE | · · · · · · · · · · · · · · · · · · · | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | · | ·, : } |
| STREET ADDRESS | 15 (t. 3 ta ta | • | 3.3 STREET ADDRESS | 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 特別公益[24],中中 |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | The state of the s | <u> </u> |
| TILE | | ☐ DELETE | 4.1 TITLE | y service \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10 | Change Addition |
| NAME COTAL OF | | * · · · · · · · · · · · · · · · · · · · | 4. 2 NAME | * · · · | • |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| TITLE | | ☐ DELETE | 4.4 CITY-ST-ZIP | | . Change . Addition |
| NAME . | | | 5.1 TITLE 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ₽ | | 5.4 CITY-ST-ZIP | de e | |
| TITLE | | · · | | | |
| | \$2.55 PM 24.54 Set 17 17.65 | DELETF | 6.1 TITLE | | |
| NAME | 1.201.9919 \$78 () () () () () () () () () (| ☐ DELETE | | | ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90035 036 ***150.00