

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

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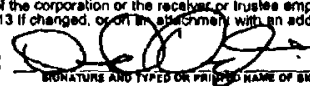
FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 18 AM 11:50

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000024964					
1. Corporation Name DAVID OZBIRN WALLPAPERING & PAINTING, INC.					
Principal Place of Business			Mailing Address		
1105 BEACHVIEW ST FT WALTON BCH, FL 32548			1105 BEACHVIEW ST FT WALTON BCH, FL 32548		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/28/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3234509	
24 Country		29 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
OZBIRN, DAVID 1105 BEACHVIEW, ST FT WALTON BCH, FL 32548					
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 607.0506, Florida Statutes.				81 Name	
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered Agent signature required when re-registering)				83	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE				1.1 TITLE	
1.2 NAME				1.2 NAME	
1.3 STREET ADDRESS				1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP				1.4 CITY-ST-ZIP	
2.1 TITLE				2.1 TITLE	
2.2 NAME				2.2 NAME	
2.3 STREET ADDRESS				2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP				2.4 CITY-ST-ZIP	
3.1 TITLE				3.1 TITLE	
3.2 NAME				3.2 NAME	
3.3 STREET ADDRESS				3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP	
4.1 TITLE				4.1 TITLE	
4.2 NAME				4.2 NAME	
4.3 STREET ADDRESS				4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP				4.4 CITY-ST-ZIP	
5.1 TITLE				5.1 TITLE	
5.2 NAME				5.2 NAME	
5.3 STREET ADDRESS				5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 the statement with an address, with all other like empowered.

SIGNATURE:  **DAVID OZBIRN, PRES.** 4-30-99 8627449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2E034 (1/98)