FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

P94000040653 (5)

DOCUMENT #
1. Corporation Name

PAPER HANGING "WITH A FEMININE TOUCH", INC.



Principal Place	of Business	Mailing Address	Maiing Address 12156 MEADOWBROOK LANE LARGO FL 34644						
12156 MEADX LARGO FL 34	OWBROOK LANE 1644								
						 Date incorporated or Qualified 05/25/1994 	3a. Date 04	of Last 1/11/1	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number	-1		Applied For
1		26				59-3241667			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	¬ '			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	"1 '			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip	Country 25	Ζ(p)	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Mo			s 199.032,
<u> </u>	9. Name and Address of Curr					10. Name and Address of New R	egistered /	lgent	
			81	1	Name				
CUTCHIN, JUDITH A 12156 MEADOWBROOK LANE				2	Street Addre	ress (P.O. Box Number is Not Acceptable)			
	FL 34644		83	3					
			84	4	City		FL	85	Zıp Code
SIGNATURE _	Styrative is sed or printed name of registered a, OFFICERS A	pertainst the days leading (A AND DIRECTORS	Ote Registered Age	-n 1	lis gradune opganed	d wiser reinstatings ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRE.C1	ORS IN 12
THLE	DP	DELETE	1 1 TITLE			747770705 013 117020 10 0 1		Chang	
NAME	CUTCHIN, JUDITH A		1.2 NAME	-					
STREET ADDRESS	12156 MEADOWBROOK L	ane	1.3 S₹REE	ET A	ADDRESS				
CITY - ST - ZIP	LARGO FL 34644		1.4 CITY -	_	I - ZIP				
TITLE		DELETE	2 1 THTLE				L	Chang	e
NAME			2.2 NAME		ADDRESS				
STREET ADDRESS CITY-ST-ZIP			2 4 CHY-		ļ				
TITLE		☐ DELETE	3 1 THE					Chang	e 🔲 Addition
NAME			3.2 NAME						
STREET ACIDRESS			33 STRE	ŧΙ	LADDRESS				
CITY - ST - ZIP		ET DE ET	3 4 CITY		'-7:P			7 Chang	e
TITLE		DELETE	4 1 TITLE				L	_ Grany	e 🗀 xoannon
NAME Street address			4.2 NAME		ADDRESS				
CITY - ST - ZIP			4.4 CrTY -						
TITLE		☐ DELETE	5 1 TITLE				[Chang	e 🔲 Addition
NAME			5.2 NAME	ŧ					
STREET ADDRESS			5 3 S1REI	FT.	ADDRESS				
CITY - ST - ZIF			5 4 CITY	_	.T - ZIF			<u> </u>	
TITLE		☐ DELETE	6 1 TITLE				L	Chang	e
NAME			6.2 NAME		1000500				
STREET ADDRESS					ADDRESS				
City - St - ZiP	L codify that the information supplies	ad with this films is valuatedly fu	rnished and do			for the exemption stated in Section 119	07(3)(k). Elc	rida Sta	tutes. I further

roo nereby certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver or trustee employeed 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:

4/10/46 (813) 573-973