

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 08, 1999 8:00 am**  
**Secretary of State**

09-08-1999 90010 004 \*\*\*550.00

DOCUMENT # **P97000036125**

Corporation Name

**WALLPAPER OUTLET OF HAWTHORNE, INC.**



Principal Place of Business

Mailing Address

**1. BOX 1514  
HAWTHORNE FL 32640**

**P.O. BOX 1514  
HAWTHORNE FL 32640**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/23/1997**

Principal Place of Business

**808 Hwy 301**

2a. Mailing Address

**26 808 Hwy 301**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3451272**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

City & State

**Hawthorne Florida**

City & State

**28 Hawthorne Florida**

Zip

**32640**

Country

**25 USA**

Zip

**29 32640**

Country

**30 USA**

8. This corporation owes the current year  
Intangible Personal Property.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREHERICK, STAN  
311 N.E. 9TH AVE.  
HAWTHORNE FL 32640**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**P** ☐ DELETE  
**BREHERICK, STAN**  
T-ADDRESS **311 NE 9TH AVE**  
T-ZIP **HAWTHORNE FL 32640**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**VP** ☐ DELETE  
**BREHERICK, TAMMY**  
T-ADDRESS **311 NE 9TH AVE**  
T-ZIP **HAWTHORNE FL 32640**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ DELETE  
T-ADDRESS  
T-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ DELETE  
T-ADDRESS  
T-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ DELETE  
T-ADDRESS  
T-ZIP

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

☐ DELETE  
T-ADDRESS  
T-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

NATURE:

**Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/14/99**  
Date

**352481-3619**  
Daytime Phone #

CR2E034 (5/99)