## 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

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90121 005 \*\*\*150.00

## DOCUMENT # P97000088328

Corporation Name

WALLPAPER CRAFTERS, INC.

Principal	Place of	Business
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DESTIN FL 32541

130 OLD HIGHWAY 98 SUITE 5 A

Mailing Address

130 OLD HIGHWAY 98 SUITE 5 A DESTIN FL 32541 DO NOT WRITE IN THIS SPACE

		3. Date Incorporated or Qualifed		
		1	10/13/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 10859 Emerald Coast PKuy W	26 1085-9 Imerald C	oust PKuy W	59-3472048	Not Applicable
Suite, Apt. #, etc. 0	Suite, Apt. #, etc.  27 Suik 202		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Destin FL	City & State  28 Desfin FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 3 2 5 4 / 25 USA	Zip Cou	intry USA	This corporation owes the current year In Personal Property Tax.	itangible □Yes □No
9. Name and Address of Current F	10. Name and Address of New Registered Agent			
SCHEYD, JOSEPH M JR		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
DESTIN FL 32541		83		
·		84 City	\ Ft	<del>-</del>
	LOOK ASON SUITE STATE AND A		ation authority this statement for the number of	f changing its registored

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 607.0505, Florida Statutes.

agent. i a	III lathillat with, and accept the obligations of occitor our soc	30, 1 101100	Ciciolog.			٠- ا
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Regis	stered Agent signature re	equired when reinstating) DATE	<del></del>	<del></del>
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D DELE			D	Change	Addition
NAME	PITMAN, HAZEL WANDA		12 NAME	Pitman Hazel Wanda		
STREET ADDRESS	AGO OLD LUCIDA/AV OG CLUTTE E A		1.3 STREET ADDRESS	D Pitman Hazel Wanda 10859 Emerald Coast PKwy W.	Suite 2	202
CITY-ST-ZIP	DESTIN FL 32541	1	1.4 CITY-ST-ZIP	Destin FL 32541		
TITLE	☐ DELE	ETE	2.1 TITLE		Change	Addition
NAME		1	2.2 NAME			
STREET ADORESS			2.3 STREET ADDRESS			)
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE	□ DELE	ETE	3.1 TITLE	-	Change	☐ Addition
NAME			3.2 NAME .			ŀ
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		<del></del> -	
TITLE	☐ DELE	ETE	4.1 TITLE		☐ Change	☐ Addition
NAME		1	4, 2 NAME			
STREET ADDRESS		ſ	4.3 STREET ADDRESS			{
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	☐ DELE		5.1 TITLE		Change	☐ Addition }
NAME			52 NAME			J
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	□ DELE		6.1 TITLE		Change	Addition
NAME	}		6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			
			6.4 CITY-ST-ZIP			Ļ

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.

CR2E034 (11/98)

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