## 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 # P97000099326

# Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90016 045 \*\*\*150.00

HEH-BES	ST WALLCOVERINGS OF	BROWARD COUN	TY INC.					
Principal Place	e of Business	Mailing Address						• *****
17001 N.E. 6TH AVE. NORTH MIAMI BEACH FL 33162			17001 N.E. 6TH AVE. NORTH MIAMI BEACH FL 33162			DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						11/19/1997		
2. Principal Pla	lace of Business	2a. Mailing Addre	ess			4. FEI Number	· A	pplied For
21		26				NOT APPLICABLE	N	ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		Additional
22	ے بنا سے بات	27				5. Certificate of Status Desired		equired
City & State	e	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	c	ountry		8. This corporation owes the current year l		<b>75</b>
24	25	29	30			Personal Property Tax.	Yes	ŊNo
	9. Name and Address of Curi	rent Registered Agent		-		10. Name and Address of New Registered	Agent	
				81	Name	*• <u>*</u> *		
SCHEIBLICH, RANDI L				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	) N.W. 58TH CT.							
PARI	KLAND FL 33076			83				- 1
				84	City		. 85 Zip	Code
					,	<u> </u>		
office or re agent. I ar	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obl					poration submits this statement for the purpose of lon's board of directors. I hereby accept the app	ointment as r	egistered
SIGNATURE								
	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registe	red Agen	t signature require	ed when reinstating) DATE		
12.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable.  AND DIRECTORS		red Agen	it signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
	OFFICERS	AND DIRECTORS	1		n signature require		ND DIRECT	
12.	OFFICERS DP	AND DIRECTORS	ELETE 1.1	3.	it signature require			
12. TITLE NAME	DP SCHEIBLICH, RANDI L	AND DIRECTORS	1: ELETE 1.1	3. I TITLE 2 NAME	t signature require			
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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.

SIGNATURE: