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FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90237 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000084695

1. Corporation Name

ELITE WALLCOVERING, INCORPORATED

Principal Place of Business

7727 JODI LYNN DR.
TAMPA FL 33615-1547

Mailing Address

7727 JODI LYNN DR.
TAMPA FL 33615-1547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1998

4. FEI Number

59-3536902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 14914 LIVINGSTON AVE

2a. Mailing Address

26 14914 LIVINGSTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LUTZ

City & State

28 LUTZ FL

Zip

24 33549

Country

25 HILLSBOROUGH

Zip

30 33549

Country

31 HILLSBOROUGH

9. Name and Address of Current Registered Agent

OPPERMANN, MARK H
7727 JODI LYNN DR.
TAMPA FL 33615-1547

10. Name and Address of New Registered Agent

81 Name

Michael L. Ford

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

14914 LIVINGSTON AVE

83

84 City

LUTZ

FL

85 Zip Code

33549

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME OPFERMANN, MARK H
STREET ADDRESS 7727 JODI LYNN DR.
CITY-ST-ZIP TAMPA FL 33615-1547

☒ DELETE

TITLE DT
NAME OPFERMANN, COLLETTE S
STREET ADDRESS 7727 JODI LYNN DR.
CITY-ST-ZIP TAMPA FL 33615-1547

☒ DELETE

TITLE DVP
NAME FORD, MICHAEL L
STREET ADDRESS 14914 LIVINGSTON AVE.
CITY-ST-ZIP LUTZ FL 33549-3191

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 813-631-1383

Date

Daytime Phone #

CR2E034 (1/1/98)