PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S18352 1. Corporation Name

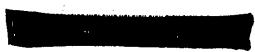
S & J WALLCOVERING, INC.

Principal Place of Business	
7238 HUMMINGBIRD LANE	

Mailing Address

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90086 012 ***150.00



7238 HUMMIN NEW PORT RI	GBIRD LANE ICHEY FL 34655	7238 HUMMINGBIRD LAN NEW PORT RICHEY FL 3		:				
	•	HEI TOM MONETTE S	4033		DO NOT V	WRITE IN THI	S SPACE	
,	-				3. Date Incorporated or Quali		OGIAGE	
					12/10/1990			
l	Place of Business	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For
21		26			59-3031006		-	Vot Applicable
Suite, Apt		Suite; Apt. #, etc. =	· - 	·	5. Certifcate of Status Desire	d 🔲		Additional Required
City & Sta	· ·	City & State			6. Election Campaign Financi	ing _	\$5.0	0 May Be
Zip	Country	28	- 		Trust Fund Contribution	""g 🗆	Adde	to Fees
24	25	Zip .	Count	ry	8. This corporation owes the	current year In	tangible	
241	9. Name and Address of Curren	29	30		Personal Property Tax.		Yes	5 2€No
	. Name and Address of Culter	it Registered Agent		11 Name	10. Name and Address of Ne	w Registered	Agent	
CZY	/ZNIK, STEVEN		·	Name			÷	
	8 HUMMINGBIRD LANE		8	2 Street Addr	ess (P.O. Box Number is Not Acc	eptable)		 -
NEV	N PORT RICHEY FL 34655			3		<u> </u>		
. !	<u>.</u>	(7,000, 3)		3	÷		أأملت أأ	13.
	and the second s	a grama e light e cambrer	8	4 City			85 Zip	Code
			- Lone			<u> </u>	1 1 7	
11 Pursuant	to the provintage of Sections 607 DEDS	COT 1500 FI						
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statu of Florida, Such change was a	tes, the abo	ve-named corporation	oration submits this statement for the board of directors. I bereby so	the purpose of	changing it	s registered
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	2 and 607.1508, Florida Statu of Florida, Such change was a lions of, Section 607.0505, Flo	tes, the abo authorized b orida Statute	ve-named corporations.	oration submits this statement for took some submits this statement for the board of directors. I hereby ac	the purpose of cept the appo	f changing if intment as r	s registered egistered
11. Pursuant office or r agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Fk	orida Statute	y die corporations.	on's board of directors. I nereby ac	the purpose of cept the appo	f changing it intment as r	s registered egistered
agent. I a	am familiar with, and accept the obligation of the obligation of the state of the s	lions of, Section 607.0505, Fix	orida Statute	ve-named corp y the corporations. ent signature required	on's board of directors. I hereby ac	DATE	intment as r	egistered .
agent. I a SIGNATURE 12.	am familiar with, and accept the obligation of the obligation of the control of t	lions of, Section 607,0505, Fix t and title if applicable. (NOTI D DIRECTORS	E: Registered Ag	ent signature required	on's board of directors. I nereby ac	DATE	intment as r	egistered ORS IN 12
agent. I a SIGNATURE 12. IIILE	am familiar with, and accept the obligation of t	lions of, Section 607.0505, Fix	E: Registered Ag	y trie corporations.	on's board of directors. I hereby ac	DATE	intment as r	egistered ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PST CZYZNIK, STEVE	lions of, Section 607,0505, Fix t and title if applicable. (NOTI D DIRECTORS	E: Registered Ag 13. 1.1 TITLE	ent signature required	on's board of directors. I hereby ac	DATE	intment as r	egistered ORS IN 12
SIGNATURE 12. TILE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI PST CZYZNIK, STEVE 7238 HUMMINGBIRD LANE	lions of, Section 607,0505, Fix t and title if applicable. (NOTI D DIRECTORS	E: Registered Ag 13. 1.1 TITLE 1.2 NAME	ent signature required	on's board of directors. I hereby ac	DATE	intment as r	egistered ORS IN 12
BIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PST CZYZNIK, STEVE 7238 HUMMINGBIRD LANE NEW PORT RICHEY FL	lons of, Section 607.0505, Fix t and title if applicable. (NOTE D DIRECTORS	E: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature required ET ADDRESS S1-ZIP	on's board of directors. I hereby ac	DATE	intment as r	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PST CZYZNIK, STEVE 7238 HUMMINGBIRD LANE NEW PORT RICHEY FL VD	lions of, Section 607,0505, Fix t and title if applicable. (NOTI D DIRECTORS	E: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE	ent signature required	on's board of directors. I hereby ac	DATE	intment as r	egistered ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PST CZYZNIK, STEVE 7238 HUMMINGBIRD LANE NEW PORT RICHEY FL VD CZYZNIK, TRACI	lons of, Section 607.0505, Fix t and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature required	on's board of directors. I hereby ac	DATE	intment as r	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND OFFI	lons of, Section 607.0505, Fix t and title if applicable. (NOTE D DIRECTORS	E: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ent signature required ET ADDRESS ST-ZIP	on's board of directors. I hereby ac	DATE	intment as r	ORS IN 12
agent. I a SIGNATURE 12. TILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PST CZYZNIK, STEVE 7238 HUMMINGBIRD LANE NEW PORT RICHEY FL VD CZYZNIK, TRACI	lons of, Section 607.0505, Fix t and title if applicable. (NOTE D DIRECTORS DELETE	E: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ent signature required ET ADDRESS ST-ZIP	on's board of directors. I hereby ac	DATE	ND DIRECT Change	ORS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND OFFI	lons of, Section 607.0505, Fix t and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY- 3.1 TITLE	ent signature required ET ADDRESS ST-ZIP	on's board of directors. I hereby ac	DATE	intment as r	ORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND OFFI	lons of, Section 607.0505, Fix t and title if applicable. (NOTE D DIRECTORS DELETE	E: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME	ent signature required ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	on's board of directors. I hereby ac	DATE	ND DIRECT Change	ORS IN 12 Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND OFFI	lons of, Section 607.0505, Fix t and title if applicable. (NOTE D DIRECTORS DELETE	E: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.3 STREE 3.3 STREE 3.1 STREE 3.1 STREE 3.1 STREE 3.2 NAME 3.3 STREE	ent eignature requirec ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	on's board of directors. I hereby ac	DATE	ND DIRECT Change	ORS IN 12 Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS AND OFFI	Ions of, Section 607.0505, Fix t and tille if applicable. (NOTE DELETE DELETE	E: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 3.4 CITY	ent eignature requirec ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	on's board of directors. I hereby ac	DATE	ND DIRECT Change Change	ORS IN 12 Addition Addition
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND OFFI	lons of, Section 607.0505, Fix t and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	ent eignature requirec ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	on's board of directors. I hereby ac	DATE	ND DIRECT Change	ORS IN 12 Addition
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND OFFI	Ions of, Section 607.0505, Fix t and tille if applicable. (NOTE DELETE DELETE	E: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAME	ent eignature required ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	on's board of directors. I hereby ac	DATE	ND DIRECT Change Change	ORS IN 12 Addition Addition
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND OFFI	Ions of, Section 607.0505, Fix t and tille if applicable. (NOTE DELETE DELETE	E: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE	ent eignature required ET ADDRESS S1-ZIP ET ADDRESS S1-ZIP ET ADDRESS S1-ZIP	on's board of directors. I hereby ac	DATE	ND DIRECT Change Change	ORS IN 12 Addition Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PST CZYZNIK, STEVE 7238 HUMMINGBIRD LANE NEW PORT RICHEY FL VD CZYZNIK, TRACI 7238 HUMMINGBIRD LANE NEW PORT RICHEY FL NEW PORT RICHEY FL	Ions of, Section 607.0505, Fix t and tille if applicable. (NOTE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-	ent eignature required ET ADDRESS S1-ZIP ET ADDRESS S1-ZIP ET ADDRESS S1-ZIP	on's board of directors. I hereby ac	DATE	ND DIRECT Change Change Change	ORS IN 12 Addition Addition
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND OFFI	Ions of, Section 607,0505, Fix t and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	E: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE	ent eignature requirec ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	on's board of directors. I hereby ac	DATE	ND DIRECT Change Change	ORS IN 12 Addition Addition
Agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PST CZYZNIK, STEVE 7238 HUMMINGBIRD LANE NEW PORT RICHEY FL VD CZYZNIK, TRACI 7238 HUMMINGBIRD LANE NEW PORT RICHEY FL NEW PORT RICHEY FL	Ions of, Section 607,0505, Fix t and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 4.2 NAME 5.1 TITLE 5.2 NAME 5.3 NAME 5.3 NAME 6.3 STREE 6.4 CITY- 6.5 NAME	ent eignature requirec ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	on's board of directors. I hereby ac	DATE	ND DIRECT Change Change Change	ORS IN 12 Addition Addition

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.

6.1 TITLE i

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

727-372-8205

Change

☐ Addition