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 # \$73136

1. Corporation Name

PAYLESS WALLPAPER & WINDOW COVERING, INC.

Principal Place of Business 4995 W. ATLANTIC AVENUE DELRAY BEACH FL 33445

Mailing Address

4997 W ATLANTIC AVE DELRAY BEACH FL 33445

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

02-23-1999 90031 042 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

08/08/1991

2. Principal Pi	ace of Business Atlantic Augs 2a. Mailing Address	rl	4. FEI Number 65-0277628		plied For t Applicable
Suite, Apt.	#, etc. Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
City & State City & State City & State 28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Country Zip Country			8. This corporation owes the current year Into		[
<u>~ 32</u>		30	Personal Property Tax.		□No
-	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent	
8099	ESIC, MIRJANA I FAIRWAY TRAIL A RATON FL 33487	81 Name 82 Street Add	fress (P.O. Box Number is Not Acceptable)		
		84 City	FI	85 Zip C	ode
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 require	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	PSD DELETE	1,1 TITLE		Change	Addition
NAME *	MATESIC, MIRJANA	1.2 NAME			
STREET ADDRESS	8099 FAIRWAY TRAIL	1.3 STREET ADDRESS			
	BOCA RATON FL 33487	1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	V DELETE	2.1 TITLE		Change	Addition
NAME	MATESIC, SIME	2.2 NAME	• •		
STREET ADDRESS	8099 FAIRWAY TRAIL	2.3 STREET ADDRESS	<u>. </u>		
-	BOCA RATON FL	2.4 CITY-ST-ZIP			
CITY-ST-ZIP	DELETE	3.1 TITLE		Change	Addition
TITLE		3.2 NAME			_
NAME		3.3 STREET ADDRESS	•		
STREET ADDRESS					1
CITY-ST-ZIP	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition
TITLE	- Detter			٠ دي	_
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	☐ DELETE	4.4 CITY-ST-ZIP		Change	Addition
TITLE	DELETE	5.1 TITLE 5.2 NAME		c.ango	
NAME					
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP	D octors	5.4 CITY-ST-ZIP 6.1 TITLE		Change	☐ Addition
TITLE	☐ DELETE				
NAME .		6.2 NAME			•
STREET ADDRESS		6 3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Section 119 07/3/(i) Florida Statutes I further cen	416 , 46 a 46 a 1-	eformation

Indicated on this annual report or supplied with risk ming does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati indicated on this annual report is 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 entrustee 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 for on an attachment with an address, will all other like empowered.

SIGNATURE: