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**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L47929 (9)**
1. Corporation Name
LIBRARY INTERIORS OF FLORIDA, INC.



Principal Place of Business: **4305 VINELAND RD SUITE G-15 ORLANDO FL 32811 US**
Mailing Address: **4305 VINELAND RD SUITE G-15 ORLANDO FL 32811-7373 US**

3. Date Incorporated or Qualified: **01/31/1990**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **58-1877256**
5. Certificate of Status Desired: Applied For Not Applied For
6. Election Campaign Financing Trust Fund Contribution: **\$8.75 Additional Fee Required**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **211 E. MICHIGAN ST. SUITE 139 ORLANDO FL 32806 US**
2a. Mailing Address: **211 E. MICHIGAN ST SUITE 139 ORLANDO FL 32806 US**

9. Name and Address of Current Registered Agent: **BERTRAND, ROBERT J. 202 EAST WALNUT STREET LAKELAND FL 33801**

10. Name and Address of New Registered Agent: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: EKBLAD, HOWARD J.	1.1 TITLE: D	NAME: EKBLAD, HOWARD J.
STREET ADDRESS: 118 E LAKE AVE	CITY-ST-ZIP: AUBURNDALE FL	1.2 NAME: EKBLAD, HOWARD J.	1.3 STREET ADDRESS: 762 EDISON RD.
		1.4 CITY-ST-ZIP: AUBURNDALE FL	
TITLE: PST	NAME: EKBLAD, HOWARD J.	2.1 TITLE: PST	NAME: EKBLAD, HOWARD J.
STREET ADDRESS: 118 E LAKE AVE	CITY-ST-ZIP: AUBURNDALE FL	2.2 NAME: EKBLAD, HOWARD J.	2.3 STREET ADDRESS: 762 EDISON RD.
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TITLE:	NAME:	3.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	STREET ADDRESS:
		3.3 STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	4.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	STREET ADDRESS:
		4.3 STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	STREET ADDRESS:
		5.3 STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	STREET ADDRESS:
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		5.3 STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	STREET ADDRESS:
		6.3 STREET ADDRESS:	CITY-ST-ZIP:

14. I do 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.

SIGNATURE: *Howard Ekblad* Howard Ekblad 2/14/97 504-885-4040

CR2E034 (9/96)