

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 620609 (8)

1. Corporation Name
GLORIA'S INTERIOR INC.



Principal Place of Business: 6127 CHESTER AVE., JACKSONVILLE FL 32217
Mailing Address: 6127 CHESTER AVE., JACKSONVILLE FL 32217

3. Date Incorporated or Qualified: 05/11/1979
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business: 21 4023 W. WATERS AVE
22 SUITE B
23 TAMPA, FL
24 33614
25 Country
2a. Mailing Address: 26 4023 W. WATERS AVE
27 SUITE B
28 TAMPA, FL
29 33614
30 Country

4. FEI Number: 59-1910698
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: DIAZ, GLORIA, 4671 ARMADILLO ST., P.O. BOX 2259, MIDDLEBURG FL 32068
10. Name and Address of New Registered Agent: 81 Name: DIAZ, GLORIA
82 Street Address (P.O. Box Number is Not Acceptable): 4023 W. WATERS AVE
83 SUITE B
84 City: TAMPA, FL 85 Zip Code: 33614

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: *Gloria Diaz* 1-25/96
Signature of Registered Agent (Print Name and Title of Agent) (Date)
(NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME	P DIAZ, GLORIA	1.2 NAME	P DIAZ, GLORIA
STREET ADDRESS	4671 ARMADILLO ST.	1.3 STREET ADDRESS	4023 W. WATERS AVE SUITE B
CITY-STATE-ZIP	MIDDLEBURG FL	1.4 CITY-STATE-ZIP	TAMPA, FL 33614
TITLE		2.1 TITLE	ST
NAME	DIAZ, LEONEL	2.2 NAME	DIAZ, LEONEL
STREET ADDRESS	4671 ARMADILLO ST.	2.3 STREET ADDRESS	4023 W. WATERS AVE SUITE B
CITY-STATE-ZIP	MIDDLEBURG FL	2.4 CITY-STATE-ZIP	TAMPA, FL 33614
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gloria Diaz* 1-25/96 813-884-1397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)