

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 28 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 # J80334 (2)**  
 1. Corporation Name  
**GULF BREEZE WALLPAPER HOUSE, INC.**



Principal Place of Business: **2790 GULF BREEZE PKWY GULF BREEZE FL 32561**  
 Mailing Address: **2790 GULF BREEZE PKWY GULF BREEZE FL 32561-3082**

3. Date Incorporated or Qualified: **06/29/1987**  
 3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	<b>59-2823255</b>	Not Applicable
22		27		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Country	Country	Country	Country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SAXTON, ELIZABETH A. 98 PINETREE DRIVE GULF BREEZE FL 32561</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 re-appointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROCK, LOUISE M.</b>	1.2 NAME	
STREET ADDRESS	<b>2790 GULF BREEZE PKWY.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAXTON, ELIZABETH A.</b>	2.2 NAME	
STREET ADDRESS	<b>98 PINETREE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 *Elizabeth A. Brock* *Flouise A. Brock* *Walter* *901999-9991*

CR2E034 (9/96)