

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L72533 (7)
1. Corporation Name
WALL DECORUM, INC.



Principal Place of Business Mailing Address
% JOSEPH D. STEWART, ESQUIRE
801 LAUREL OAK DRIVE, SUITE 705
NAPLES FL 33963 % JOSEPH D. STEWART, ESQUIRE
801 LAUREL OAK DRIVE, SUITE 705
NAPLES FL 34108-2747

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/11/1990		03/18/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0199917		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
				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			
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEWART, JOSEPH D. ESQUIRE address change: 801 LAUREL OAK DRIVE 2671 Airport Road South SUITE 705 Suite 302 NAPLES FL 33963 34112				81 Name Stewart, Joseph D.			
				82 Street Address (P.O. Box Number is Not Acceptable) 2671 Airport Road So.			
				83 Suite 302			
				84 City Naples, FL			
				85 Zip Code 34112			

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]* DATE: _____

Signature required of limited name of registered agent and title if applicable. (NOT: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAMPIER, ROBERT A.		1.2 NAME		
STREET ADDRESS	6115 28TH AVENUE S.W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAMPIER, ROBERT A.		2.2 NAME		
STREET ADDRESS	6115 28TH AVENUE S.W.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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: *[Signature]*

CR2E034 (9/96)