

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

FILED

Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P30033** (5)

1. Corporation Name  
**GLORIA LANG INTERIORS, LTD., INC.**



Principal Place of Business <b>4551 GULF SHORE BLVD N</b> <b>#104</b> <b>NAPLES FL 33940</b> <b>US</b>	Mailing Address <b>4551 GULF SHORE BLVD N</b> <b>#104</b> <b>NAPLES FL 34103-3458</b> <b>US</b>
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2. Principal Place of Business 21 <b>4451 Gulf Shore Blvd N.</b> Suite, Apt. #, etc. 22 <b>#302</b> City & State 23 <b>Naples, FL</b> Zip 24 <b>34103</b>		2a. Mailing Address 26 <b>4451 Gulf Shore Blvd N.</b> Suite, Apt. #, etc. 27 <b>#302</b> City & State 28 <b>Naples, FL</b> Zip 29 <b>34103</b>		3. Date Incorporated or Qualified <b>07/02/1990</b>		3a. Date of Last Report <b>04/25/1996</b>			
4. FEI Number <b>73-0951131</b>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of Current Registered Agent <b>LANG, JOHN H.</b> <b>4551 GULF SHORE BLVD N., 104</b> <b>NAPLES FL 33940</b>		9. Name and Address of New Registered Agent 81 Name <b>LANG, JOHN H.</b> 82 Street Address (P.O. Box Number Is Not Acceptable) <b>4451 Gulf Shore Blvd N.</b> 83 <b>#302</b> 84 City <b>Naples</b>		85 Zip Code <b>FL 34103</b>			

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	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANG, GLORIA			1.2 NAME	LANG, Gloria		
STREET ADDRESS	4551 GULF SHORE BL N 104			1.3 STREET ADDRESS	4451 Gulf Shore Blvd N, #302		
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP	Naples, FL 34103		
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANG, JOHN			2.2 NAME	LANG, JOHN		
STREET ADDRESS	4551 GULF SHORE VL N 104			2.3 STREET ADDRESS	4451 Gulf Shore Blvd N, #302		
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP	Naples, FL 34103		
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: John Lang **JOHN LANG** 4/4/97 941-263-0750  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)