

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000027353 (7)**
1. Corporation Name
COMMERCIAL WALLCOVERING INSTALLATIONS, INC.



Principal Place of Business 1939 FRANKLIN STREET JACKSONVILLE FL 32206	Mailing Address 1939 FRANKLIN STREET JACKSONVILLE FL 32206
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1996	
21. Suite, Apt. #, etc.	22. City & State	25. Suite, Apt. #, etc.	26. City & State	4. FEI Number 59-3372785	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	27. Zip	28. Country	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
29. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NOYES, CAROLINE 1939 FRANKLIN STREET JACKSONVILLE FL 32206		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	

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 *Carolyn J. Noyes* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P NOYES, CAROLINE T 1939 FRANKLIN ST JACKSONVILLE FL	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	V MARSH, WILLIAM A 1104 NIRA STREET JACKSONVILLE FL	1.2 NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	V MARSH, ERIC T 3954 NEWELL BLVD JACKSONVILLE FL	1.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	S MARSH-SIMMS, KIM 381 RAGGETY POINT COURT ORANGE PARK FL	1.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Y MARSH, WILLIAM A JR 1939 FRANKLIN ST JACKSONVILLE FL	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		3.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I 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: *Carolyn J. Noyes* DATE: *3/31/98*

CR2E034 (10/97)