

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000080181 (6)
 1. Corporation Name
GALLERY OF INTERIOR DESIGN, INC.



Principal Place of Business 46 N. WASHINGTON BLVD. #1 SARASOTA FL 34236	Mailing Address 46 N. WASHINGTON BLVD. #1 SARASOTA FL 34236-5977
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2. Principal Place of Business 21 109 OVERLEA WAY	2a. Mailing Address 26 109 Overlea Way	3. Date Incorporated or Qualified 09/25/1996	3a. Date of Last Report N/A
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 65-0701880	Applied For <input type="checkbox"/> Not Applicable
23. City & State VENICE FL	28. City & State Venice, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip 34292	25. Country	29. Zip 34292	30. Country USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

PATTERSON, JOHN 46 N. WASHINGTON BLVD. SARASOTA FL 34236		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
		85. 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, JOHN	1.2 NAME	
STREET ADDRESS	46 N. WASHINGTON BLVD. #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D, P, S
STREET ADDRESS		2.3 STREET ADDRESS	MCGIFFEN, JOHN W.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	109 OVERLEA WAY
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VP, T
STREET ADDRESS		3.3 STREET ADDRESS	CHAMBERLAIN, FRED
CITY-ST-ZIP		3.4 CITY-ST-ZIP	109 OVERLEA WAY
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VP, AS
STREET ADDRESS		4.3 STREET ADDRESS	EDSEL, EDWARD E.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	109 OVERLEA WAY
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VP, AS
STREET ADDRESS		5.3 STREET ADDRESS	SHIPPS, PETER
CITY-ST-ZIP		5.4 CITY-ST-ZIP	109 OVERLEA WAY
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP, AS
STREET ADDRESS		6.3 STREET ADDRESS	EGGLESTON, SUSAN E.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	109 Overlea Way

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John S. Eggleston* (941) 497-4786

CR2E034 (9/96)