

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

FILED

Mar 21 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 # P96000082599 (7)

1. Corporation Name
LONDON WALL COVERINGS, INC.

Principal Place of Business
7866D SHOALS DRIVE
ORLANDO FL 32817

Mailing Address
7866D SHOALS DRIVE
ORLANDO FL 32817-1011



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1996		3a. Date of Last Report	
21. 1025 S. Semoran Blvd. Suite, Apt. #, etc	26. 1025 S. Semoran Blvd. Suite, Apt. #, etc	4. FEI Number 59-3403103		Applied For Not Applicable			
22. Suite 1093 City & State	27. Suite 1093 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23. Winter Park, FL Zip Country	28. Winter Park, FL Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24. 32792	25. 32792	29. 32792		30. 32792		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
GALE, ANDREW
7866D SHOALS DRIVE
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81. Name ANDREW GALE
82. Street Address (P.O. Box Number is Not Acceptable)
1025 S. SEMORAN BLVD
83. SUITE 1093
84. City WINTER PARK FL 85. Zip Code 32792

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME D GALE, ANDREW STREET ADDRESS 7866D SHOALS DRIVE CITY-STATE-ZIP ORLANDO FL 32817	<input type="checkbox"/> DELETE	11 TITLE 12 NAME D, P ANDREW GALE 13 STREET ADDRESS 1025 S. SEMORAN BLVD. SUITE 1093 14 CITY-STATE-ZIP WINTER PARK FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW GALE X

Date

Daytime Phone

907.525-4281

CR2E034 (9/96)