

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

PROFIT CORPORATION
ANNUAL REPORT
1998



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

FILED

98 FEB -9 PM 3:16

DOCUMENT # P97000092732 (1)

1. Corporation Name
GLOBAL WALL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1617 LEVERN STREET
CLEARWATER FL 34576**

Mailing Address
**1617 LEVERN STREET
CLEARWATER FL 34576**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/28/1997

2. Principal Place of Business
21 **5723 Sheridan Road**
Suite, Apt. #, etc.

2a. Mailing Address
26 **5723 Sheridan Road**
Suite, Apt. #, etc.

4. FEI Number
59-3474672

Applied For
 Not Applicable

22 City & State
23 **Tampa FL**

27 City & State
28 **Tampa FL**

24 Zip
33611

25 Country
Hillsborough

29 Zip
33611

30 Country
Hillsborough

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name
3300002426383-9

82 Street Address (P.O. Box Number is Not Permitted)
-02710/38--01030--006

83 *****150.00 ***150.00**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME LITTLE, TERENCE M	
STREET ADDRESS 1617 LEVERN STREET	
CITY-ST-ZIP CLEARWATER FL 34576	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME SCHULLER, ROBERT	
STREET ADDRESS 1617 LEVERN STREET	
CITY-ST-ZIP CLEARWATER FL 34576	
TITLE VSTD	<input type="checkbox"/> DELETE
NAME LITTLE, MICHAEL C	
STREET ADDRESS 1617 LEVERN STREET	
CITY-ST-ZIP CLEARWATER FL 34576	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5723 Sheridan Road
1.4 CITY-ST-ZIP	Tampa FL 33611
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert T. Janson
2.3 STREET ADDRESS	5723 Sheridan Road
2.4 CITY-ST-ZIP	Tampa FL 33611
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5723 Sheridan Road
3.4 CITY-ST-ZIP	Tampa FL 33611
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Michael C Little* - Director 2/15/98 (813) 508-9315

CR2E034 (10/97)