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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **243161**

1. Corporation Name
CY'S LINEN SERVICE, INC.

Principal Place of Business	Mailing Address
510 W 28 ST PO BOX 814 HIALEAH FL 33011	510 W 28 ST PO BOX 814 HIALEAH FL 33011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/26/1960

2. Principal Place of Business 21: 510 W 28 ST	2a. Mailing Address 26: 510 W 28 ST
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: HIALEAH, FL	City & State 28: HIALEAH, FL
Zip / Country 24: 33010 25: USA	Zip / Country 29: 33010 30: USA

4. FEI Number: 59-0912896 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FELDMAN, EDWARD
6802 S.W. 144TH TERRACE
MIAMI FL 33158

10. Name and Address of New Registered Agent

81 Name: FELDMAN, MARK
82 Street Address (P.O. Box Number is Not Acceptable)
83: 13020 SAN JOSE ST.
84 City: CORAL GABLES FL 85 Zip Code: 33156

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] MARK G. Feldman President 1/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FELDMAN, ARLENE		1.2 NAME		
STREET ADDRESS	6802 SW 144TH TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FELDMAN, EDWARD		2.2 NAME		
STREET ADDRESS	6802 SW 144TH TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		2. 4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FELDMAN, MARK		3.2 NAME		
STREET ADDRESS	13020 SAN JOSE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] MARK G. Feldman President 1/25/99 305-887-7741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #