

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 818751 (0)
1. Corporation Name
THE LINEN SUPPLY ASSOCIATION OF AMERICA



Principal Place of Business: 1130 E. BEACH BLVD SUITE B HALLANDALE FL 33009 US
Mailing Address: PO BOX 1283 HALLANDALE FL 33008-1283

3. Date Incorporated or Qualified: 05/24/1965
3a. Date of Last Report: 05/30/1995
4. FEI Number: 36-2036177
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent
CONTNEY, JOHN J
1130 E. BEACH BLVD
SUITE B
HALLANDALE FL 33009

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPENCE, ROBERT E	1.2 NAME	BAILEY, THOMAS R.
STREET ADDRESS	330 W 19TH TERRACE	1.3 STREET ADDRESS	125 FERN ST.
CITY-ST-ZIP	KANSAS CITY MO	1.4 CITY-ST-ZIP	BANGOR, ME 04401
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STETTNER, MAX H	2.2 NAME	FELDMAN, BRUCE R.
STREET ADDRESS	PO BOX 20410	2.3 STREET ADDRESS	80 MEAD ST.
CITY-ST-ZIP	LEHIGH VALLEY PA	2.4 CITY-ST-ZIP	DAYTON, OH 45402
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TIM	3.2 NAME	
STREET ADDRESS	215 S. JEFFERSON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEXICO MO	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMATO, WILLIAM F	4.2 NAME	
STREET ADDRESS	20 W. CENTENNIAL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROOSEVELT NY	4.4 CITY-ST-ZIP	
TITLE	SM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTNEY, JOHN J.	5.2 NAME	
STREET ADDRESS	1130 E. BEACH BLVD., SUITE B	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRER, STANLEY	6.2 NAME	
STREET ADDRESS	1475 SUMMER ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAMMOND IN	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John J. Contney Date: 4/16/96 Day/Time Phone #: 305 457 7555

CFR2E037 (12/95)