

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JUN 29 PM 2: 30

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

4. FEI Number

36-2036177

Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
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

CONTNEY, JOHN J
1130 E. BEACH BLVD
SUITE B
HALLANDALE FL 33009

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPENCE, ROBERT E	
STREET ADDRESS	830 W 19TH TERRACE	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STETTNER, MAX H	
STREET ADDRESS	2255 CITY LINE ROAD	
CITY-ST-ZIP	BETHLEHAM PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, TIM	
STREET ADDRESS	215 S. JEFFERSON ST.	
CITY-ST-ZIP	MEXICO MO	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, THOMAS	
STREET ADDRESS	125 FERN STREET	
CITY-ST-ZIP	BANGOR ME	
TITLE	SM	<input type="checkbox"/> DELETE
NAME	CONTNEY, JOHN J.	
STREET ADDRESS	1130 E. BEACH BLVD., SUITE B	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELDMAN, BRUCE R.	
STREET ADDRESS	80 MEAD STREET	
CITY-ST-ZIP	DAYTON OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RANDY K. ROLF	
3.3 STREET ADDRESS	101 W. 11 ST	
3.4 CITY-ST-ZIP	KANSAS CITY, MO 64105-1803	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

7/29/98 954-457-7555

CR2E037 (10/97)