

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F11638 (6)

1. Corporation Name

THE LINEN SHACK CENTRAL, INC.



Principal Place of Business

Mailing Address

% SALOMON GROSFELD
14652 BISCAYNE BLVD.
NORTH MIAMI FL 33181

% SALOMON GROSFELD
14652 BISCAYNE BLVD.
NORTH MIAMI FL 33181

3. Date Incorporated or Qualified

12/30/1980

3a. Date of Last Report

03/17/1995

4. FEI Number

59-2058903

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSFELD, SALOMON
14652 BISCAYNE BLVD.
NORTH MIAMI FL 33181

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 Section 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. 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 appointment of, the registered agent named herein. I am a resident of the State of Florida, and my address is 607.0505, Florida Statutes.

SIGNATURE

Signature

agent and the individual

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	GROSFELD, SALOMON	14652 BISCAYNE BLVD.	N MIAMI FL	<input type="checkbox"/>
ST	GROSFELD, JAMIE	14652 BISCAYNE BLVD	N MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	1-2 NAME	1-3 STREET ADDRESS	1-4 CITY-ST-ZIP	2-1 TITLE	2-2 NAME	2-3 STREET ADDRESS	2-4 CITY-ST-ZIP	3-1 TITLE	3-2 NAME	3-3 STREET ADDRESS	3-4 CITY-ST-ZIP	4-1 TITLE	4-2 NAME	4-3 STREET ADDRESS	4-4 CITY-ST-ZIP	5-1 TITLE	5-2 NAME	5-3 STREET ADDRESS	5-4 CITY-ST-ZIP	6-1 TITLE	6-2 NAME	6-3 STREET ADDRESS	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALOMON GROSFELD

4/24/96

Daytime Phone #

CR2E034 (12/95)