

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:13

DOCUMENT # **H35880** (4)

1. Corporation Name
LINEN SUPERMARKET, INC.

Principal Place of Business Mailing Address
3101 NW 25TH AVE. 3101 NW 25TH AVE.
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
12/21/1984 02/01/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2484914		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 of current registered agent and the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMORE, JOHN	12 NAME	
STREET ADDRESS	3101 NW 25TH AVE	13 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	14 CITY ST ZIP	
TITLE	VTD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKAN, LEONARD	22 NAME	
STREET ADDRESS	3101 NW 25TH AVE.	23 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMER, GERALD	32 NAME	
STREET ADDRESS	3101 NW 25TH AVE.	33 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, BARRY	42 NAME	
STREET ADDRESS	3101 NW 25TH AVE.	43 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	44 CITY ST ZIP	
TITLE	VDC	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISRAEL, THOMAS	52 NAME	
STREET ADDRESS	3101 NW 52TH AVE.	53 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	54 CITY ST ZIP	
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILEY, STEPHEN L	62 NAME	
STREET ADDRESS	3101 NW 25TH AVE	63 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	64 CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or bi-departmental 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. If my appointment was an addition:

SIGNATURE: *Stephen L. Wiley* **STEPHEN L. WILEY** UP-CFO 11/9/95 (305) 960-4918
PRINT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR