

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

**APPROVED  
AND  
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**96 JAN 24 PM 4: 16**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**500001708365**

**-02/06/96--01109--017**

**\*\*\*200.00 \*\*\*200.00**

PROFIT CORPORATION ANNUAL REPORT 1996  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham Secretary of State  
 DIVISION OF CORPORATIONS

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**

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

3. Date Incorporated or Qualified **12/21/1984** 3a. Date of Last Report **01/17/1995**  
 4. FEI Number **59-2484914** Applied For Not Applicable  
 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

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 Zip Code

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 officer 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and Director of application (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
 DELETE  
 TITLE **PD**  
 NAME **WHITMORE, JOHN**  
 STREET ADDRESS **3101 NW 25TH AVE**  
 CITY-ST-ZIP **POMPANO BEACH FL**  
 DELETE  
 TITLE **VTD**  
 NAME **BARKAN, LEONARD**  
 STREET ADDRESS **3101 NW 25TH AVE.**  
 CITY-ST-ZIP **POMPANO BEACH FL**  
 DELETE  
 TITLE **D**  
 NAME **CRAMER, GERALD**  
 STREET ADDRESS **3101 NW 25TH AVE.**  
 CITY-ST-ZIP **POMPANO BEACH FL**  
 DELETE  
 TITLE **D**  
 NAME **GRAY, BARRY**  
 STREET ADDRESS **3101 NW 25TH AVE.**  
 CITY-ST-ZIP **POMPANO BEACH FL**  
 DELETE  
 TITLE **VDC**  
 NAME **ISRAEL, THOMAS**  
 STREET ADDRESS **3101 NW 52TH AVE.**  
 CITY-ST-ZIP **POMPANO BEACH FL**  
 DELETE  
 TITLE **V**  
 NAME **WILEY, STEPHEN L**  
 STREET ADDRESS **3101 NW 25TH AVE**  
 CITY-ST-ZIP **POMPANO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 Change  Addition  
 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 Change  Addition  
 2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 Change  Addition  
 3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 Change  Addition  
 4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 Change  Addition  
 5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 Change  Addition  
 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. Neither 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 applicable, or as an attachment with an address.

SIGNATURE: *Stephen L Wiley* **STEPHEN L WILEY** 1/19/96 (305) 960-4918  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)