

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Jan 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H35880 (4)

1. Corporation Name
LINEN SUPERMARKET, INC.



Principal Place of Business 3101 NW 25TH AVE. POMPANO BEACH FL 33069	Mailing Address 3101 NW 25TH AVE. POMPANO BEACH FL 33069-1030
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3. Date Incorporated or Qualified 12/21/1984	3a. Date of Last Report 01/24/1996
4. FEI Number 59-2484914	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 typed or printed name of the registered agent and biller, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME WHITMORE, JOHN	
STREET ADDRESS 3101 NW 25TH AVE	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE VTD	<input type="checkbox"/> DELETE
NAME BARKAN, LEONARD	
STREET ADDRESS 3101 NW 25TH AVE.	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME CRAMER, GERALD	
STREET ADDRESS 3101 NW 25TH AVE.	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME GRAY, BARRY	
STREET ADDRESS 3101 NW 25TH AVE.	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE VDC	<input type="checkbox"/> DELETE
NAME ISRAEL, THOMAS	
STREET ADDRESS 3101 NW 52TH AVE.	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE V	<input type="checkbox"/> DELETE
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	
1.1 TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME JOSEPH PENNACCHIO	
1.3 STREET ADDRESS 3101 NW 25TH AVE	
1.4 CITY-ST-ZIP POMPANO BEACH, FL	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do 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 officer 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, with an attachment with an address.

SIGNATURE: *[Signature]* Senior VP - CFO
 DATE: 1/7/97
 DAYTIME PHONE #: (954) 960-4918

CR2E034 (9/96)