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**May 01 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P93000021461 (7)**  
1. Corporation Name  
**THE LINEN STORE, INC.**



Principal Place of Business  
**1000 LINTON BLVD.  
DELRAY BEACH FL 33444  
US**

Mailing Address  
**P. O. BOX 4727 N/A  
PORTSMOUTH NH 03802  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 **1000 Market St**

27 Suite, Apt. #, etc.

27 **Bldg 1**

28 City & State

28 **Portsmouth NH**

29 Zip

29 **03801**

30 Country

3. Date Incorporated or Qualified  
**03/16/1993**

4. FEI Number  
**65-0395610**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP**  DELETE  
NAME **GARCIA, ROBERT L**  
STREET ADDRESS **ONE CATE STREET, STE. 3**  
CITY-ST-ZIP **PORTSMOUTH NH**

TITLE **P**  DELETE  
NAME **GREENE, DOUGLAS**  
STREET ADDRESS **ONE CATE STREET, STE. 3**  
CITY-ST-ZIP **PORTSMOUTH NH**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP**  Change  Addition  
1.2 NAME **Garcia, Robert L**  
1.3 STREET ADDRESS **1000 Market St., Bldg. 1**  
1.4 CITY-ST-ZIP **Portsmouth NH 03801**

2.1 TITLE **P**  Change  Addition  
2.2 NAME **Greene Douglas**  
2.3 STREET ADDRESS **1000 Market St., Bldg. 1**  
2.4 CITY-ST-ZIP **Portsmouth NH 03801**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE *[Handwritten Signature]* **3/17/98**

CP2E034 (10/97)