

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

FILED
Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P95000003823 (8)

1. Corporation Name
LINTON TRUSS CORPORATION



Principal Place of Business
**1455 SW 4TH AVENUE
 DELRAY BEACH FL 33444**

Mailing Address
**1455 SW 4TH AVENUE
 DELRAY BEACH FL 33444-2274**

3. Date Incorporated or Qualified 01/13/1995	3a. Date of Last Report 03/15/1996
4. FEI Number 65-0546481	Applied For 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	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LAZAROW, SELDAN A 19221 BOCA WEST DRIVE UNIT 3181 BOCA RATON FL 33434		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPCS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZAROW, SELDAN A	1.2 NAME	
STREET ADDRESS	19921 BOCA WEST DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33434	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKLIN, ROBERT B	2.2 NAME	
STREET ADDRESS	1455 SW 4TH AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33444	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINTUCK, NORMAN	3.2 NAME	
STREET ADDRESS	4751 BOCAIRE BOULEVARD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33487	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAPP, ANDY	4.2 NAME	
STREET ADDRESS	C/O 150 FEDERAL STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02110	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMEY, ROBERT A	5.2 NAME	
STREET ADDRESS	C/O 101 SECOND STREET SE	5.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR RAPIDS IA 52401	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, JOHN	6.2 NAME	
STREET ADDRESS	C/O 100 PEARL STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT 06103	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 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 on an attachment with an address.

SIGNATURE: Seldan A Lazarow 1/10/97 561-272-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)