


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90101 024 ***158.75

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DOCUMENT # P95000003823									
1. Entity 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		07012004 Chg-P CR2E034 (10/03) 4. FEI Number 65-0546481 <table border="1"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For		Not Applicable	
Applied For									
Not Applicable									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LAZAROW, SELDAN A 7696 CEDARWOOD CIR. BOCA RATON, FL 33434-4249				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____									
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	DPCS	<input type="checkbox"/> Delete	TITLE	DPCS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LAZAROW, SELDAN A		NAME	Lazarow, Seldan A.					
STREET ADDRESS	19921 BOCA WEST DRIVE		STREET ADDRESS	7696 Cedarwood Cir.					
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Boca Raton, FL 33434-4249					
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	NICKLIN, ROBERT B		NAME						
STREET ADDRESS	1455 SW 4TH AVE.		STREET ADDRESS						
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP						
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FEINTUCK, NORMAN		NAME						
STREET ADDRESS	4751 BOCAIRE BOULEVARD		STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP						
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CLAPP, ANDY		NAME						
STREET ADDRESS	C/O 150 FEDERAL STREET		STREET ADDRESS						
CITY-ST-ZIP	BOSTON, MA 02110		CITY-ST-ZIP						
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	COMEY, ROBERT A		NAME						
STREET ADDRESS	C/O 101 SECOND STREET SE		STREET ADDRESS						
CITY-ST-ZIP	CEDAR RAPIDS, IA 52401		CITY-ST-ZIP						
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RITTER, JOHN		NAME						
STREET ADDRESS	C/O 100 PEARL STREET		STREET ADDRESS						
CITY-ST-ZIP	HARTFORD, CT 06103		CITY-ST-ZIP						
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <i>Seldan A. Lazarow</i>		7/1/04		561 272-9000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #					