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Feb 18 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 # P96000008628 (5)

1. Corporation Name
LINEN & TEES EXPRESS, INC.



Principal Place of Business
4970 S.W. 52ND COURT
DAVIE FL 33314

Mailing Address
4970 S.W. 52ND COURT
DAVIE FL 33314-4553

3. Date Incorporated or Qualified
01/23/1996

3a. Date of Last Report

2. Principal Place of Business
21 4970 SW 52nd Street
22 Suite, Apt. #, etc
22 # 305
23 City & State
23 Davie

2a. Mailing Address
26 4970 SW 52nd St
27 Suite, Apt. #, etc.
27 #305
28 City & State
28 Davie

4. FEI Number
65-0640578

Applied For
Not Applicable

24 Zip
24 33314
25 Country
25 Broward

29 Zip
29 33314
30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Davie

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33314 25 Broward 29 33314 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOYLE, BERNARD T ESQUIRE
ONE FINANCIAL PLAZA, NATIONSBANK TOWER
SUITE 1600
FT. LAUDERDALE FL 33394

81 Name
81 Keri Baker Herman
82 Street Address (P.O. Box Number is Not Acceptable)
82 11148 NW 37 Street
83
84 City
84 Sunrise FL 85 Zip Code
85 33361

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: Keri Baker Herman 1/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME HERMAN, CRAIG R
STREET ADDRESS 4970 S.W. 52ND STREET, SUITE 305
CITY-ST-ZIP DAVIE FL 33314

TITLE DELETE
NAME SHAPIRO, MARK A
STREET ADDRESS 4970 S.W. 52ND STREET, SUITE 305
CITY-ST-ZIP DAVIE FL 33314

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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: X [Signature] 1/29/97 (954) 316-9011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)