

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

**FILED**  
**Mar 19 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 # V24321 (4)**

**1. Corporation Name**  
**LINEN WHOLESALERS, INC.**



**Principal Place of Business**  
**2441 N.W. 2ND AVENUE MIAMI FL 33127**

**Mailing Address**  
**2441 N.W. 2ND AVENUE MIAMI FL 33127-4303**

**3. Date Incorporated or Qualified** 03/27/1992  
**3a. Date of Last Report** 06/19/1996  
**4. FEI Number** 65-0319634  
**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 has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**2. Principal Place of Business**  
**21** Sube, Apt #, etc  
**22** City & State  
**23** Zip  
**24** Country

**2a. Mailing Address**  
**26** Sube, Apt #, etc  
**27** City & State  
**28** Zip  
**29** Country

**9. Name and Address of Current Registered Agent**

**GENDLER, ALLAN**  
**2441 N.W. 2ND AVENUE**  
**MIAMI FL 33127**

**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

**11. Pursuant to the provisions of Sections 607.0509 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 hereon, or wife, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

DELETE

**P**  
**GENDLER, ALLAN**  
**10844 MORNINGSTAR DRIVE**  
**COOPER CITY FL 33028**

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(p), Florida Statutes. I further certify that the information included 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 of this form, or on an attached form with an address.**

**SIGNATURE** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3-14-97 (305) 576-9464**

CR2E034 (9/96)