FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	996 DIVISION OF CORPORATIONS						
DOCUN 1. Corporation	MENT # 15806	9 (5)					
LINDA	COURT,INCORPORATED						
Principal Place of Business		Mailing Address	Mailing Address			<u> </u>	. Eleli eleli eleli teol
5944 S.W. 73RD STREET			5944 S.W. 73RD STREET				
SOUTH MIAM	II FL 33143	SOUTH MIAMI FL 33143	3				
					3. Date Incorporated or Qualified 05/17/1949	3a. Date of La 02/13	-11 - 1
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	06/10/	Applied For
Suite Ant #	t oto	26 Suite Ant # sto	······································		59-0838682		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State		City & State	· 		6. Election Campaign Financing	·	5.00 May Be
23 Zip	Country	28	т		Trust Fund Contribution	LJA	dded to Fees
ΖIΡ 24	Country 25	Zip 29	Country 30		8. This corporation has liability for Florida Statutes	intangible tax und B No	ers 199.032,
	g. Name and Address of Currer	[1301		10. Name and Address of New F		1
			81	Name			
	, FREDERICK K. J		82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
5944 SW 73RD ST South Miami Fl 33143			83				
300111	MIAMI EL 33143			* = :			
			84	•		FL 85	f
or registere familiar with	of the provisions of Sections bor. 0002 and agent, or both, in the State of Flori in, and accept the obligations of, Sect	/ and 607. Food, Fiorida Statutes da. Such change was authorized ion 607.0505, Florida Statutes.	s, the above no d by the corpo	anied corpo oration's boa	pration submits this statement for the pur and of directors. I hereby accept the appo	rpose of changing ointment as registr	its registered office ered agent. I am
SIGNATURE							
12.	Signature, typed or printed name of registered agent OFFICERS AN	·	El Rugistered Agent	Sign All Protein pore	ADDITIONS (CHANGES TO GET	DATE	27000 0140
TITLE	PD	DELETE	1. 1 TITLE		ADDITIONS/CHANGES TO OFFI	ICERS AND DIREC	
NAME	BROWN,FREDERICK K., JR.		1.2 NAME			_	.,
STREET ADDRESS	5944 SW 73RD STREET		1.3 STHEET ADDRESS				
CITY - SI - ZIP			14 CHY-SI	. 7IP			
TITLE NAME	_	D DELETE 2:				Char	nge 🔲 Addition
STREET ADDRESS	Brown,lynn 5944 Sw 73rd Street		2.2 NAME 2.3 STREET A	ATHINATA			
CHTY-ST-ZIP	SOUTH MIAMI FL		2 4 CITY - ST				
TITLE		☐ DELETE	3 1 TILL!		The state of the s	☐ Chan	nge 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			33 STREET A				
TITLE		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE			Chan	nge 🗍 Addition
NAME			4.2 NAME			LJ Chan	ige [] Advition
STREET ADDRESS			43 STREET ADDRESS				
CITY - S1 - ZIP			4 4 CHY-SI-7/F				
TITLE		☐ DELETE	5 1 TATLE			☐ Chan	nge 🔲 Addition
NAME CLUSS ASSESSED			5.2 NAME				
STREET ADDRESS			5 3 STREET A	ı			
TITLE		DELETE	5 4 City - St 6 1 hile	- ZIF		Chan	ige
NAME		٥	6.2 NAME			L., V	ge [] 1.00.000
STREEL ADDRESS			63STREET A	LDORESS			
CITY-S1-ZIP			64 CHY-SI-				
14. I do hereby.	certify that the information supplied u	with this filing is voluntarily furnish	hed and done	not ought t	for the execution stated in Section 1107	02/2/04 Florido Dr.	otaton I fastian

roo nevery certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal 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:

FREDERICK K BROWN TE.

Pras X 3/13/96 X 365-665.7711