## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State SOFT NONS 1996 (6)DOCUMENT # THE LINEN SHACK CENTRAL, INC. Principal Place of Business Mailing Address % SALOMON GROSFELD % SALOMON GROSFELD 14652 BISCAYNE BLVD. 14652 BISCAYNE BLVD. NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1980 03/17/1995 FEI Number 2. Principal Place of Business 2a. Ma'ling Address Applied For 59-2058903 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees 8. This corporation has liability for intangible tax under s 199.032. Florida Statutes ▼ Yes □ No Country Country Ζıp 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name GROSFELD, SALOMON Street Address (P.O. Box Number is Not Acceptable) 82 14652 BISCAYNE BLVD. 83 NORTH MIAMI FL 33181 84 City 85 Zip Code 11. Pursuant to the or registered age familiar with, and as 7.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office . Jush change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I amin 607.0505, Florida Statutes. SIGNATURE Signal are, ty: anort and tild it a solicable (NOTE: Registered Agent signature required when reinstating) 12. **L**ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change [] Addition TITLE 1.11000 NAME GROSFELD, SALOMON 1.2 NAME STREET ADDRESS 14652 BISCAYNE BLVD. 13 STREET ADDRESS N MIAMI FL CITY-ST-ZIP 1.4 CITY-S1-76 [] DELFTE Change Addition TITLE 2 1 HILE GROSFELD, JAMIE 2.2 NAME NAME 14652 BISCAYNE BLVD STREET ADDRESS 2.3 STREET ADDRESS N MIAMI FL 2.4 CI\*Y - \$1 - 7P CITY - ST - ZIP [] DELFTE Addition Change TITLE 3 1 101 F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CHY-\$1-ZP CHTY-ST-ZIP [] DELETE [] Change Addition TITLE 4 1 DILE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CHTY - ST - ZIP TITLE DELETE 5. 1 III.E Addition 5.2 NAME NAME STREET ADDRESS 53 STREET ADDRESS 5.4 CITY-ST-7IP CITY-ST-ZIP DELETE C Addition TITLE 6 1 TITLE ☐ Change NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - S1 - ZIP CITY-ST-ZIP filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the information certify that the information indicated of oath: that I am an officer or direa appears in Block 12 or Block 1

SALOMON GROSFELD

SIGNATURE:

CR2E034 (12/95)

Daytime Phone k