

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J79752** (8)

1. Corporation Name

LINAS, INC.



Principal Place of Business

**7501 GULF BV
ST. PETE BEACH FL 33706
US**

Mailing Address

**7501 GULF BV
ST. PETE BEACH FL 33706
US**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

**MIEZELIS, JOSEPH A.
7501 GULF BV
ST PETE BCH FL 33706**

3. Date Incorporated or Qualified

06/25/1987

3a. Date of Last Report

02/14/1995

4. FEI Number

62-1912945

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0545, Florida Statutes.

SIGNATURE

Signature of the person authorized to register agent for the corporation

Signature of the person authorized to register agent for the corporation

DATE

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3
TITLE	NAME	☐ DELETE
NAME	VD MIEZELIS, JOSEPH A.	
STREET ADDRESS	7501 GULF BV	
CITY-STATE-ZIP	ST. PETE BEACH FL	
TITLE	PD RADVIL, ZIGMANTAS S.	☐ DELETE
NAME	7501 GULF BV	
STREET ADDRESS	ST. PETE BEACH FL	
CITY-STATE-ZIP		
TITLE	TD CESNA, ALDONA L.	☐ DELETE
NAME	7501 GULF BV	
STREET ADDRESS	ST. PETE BEACH FL	
CITY-STATE-ZIP		
TITLE	VD MIEZELIS, DOROTHY K.	☐ DELETE
NAME	7501 GULF BV	
STREET ADDRESS	ST PETE BCH FL	
CITY-STATE-ZIP		
TITLE	SD RADVIL, HELEN	☐ DELETE
NAME	7501 GULF BV	
STREET ADDRESS	ST PETE BCH FL	
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

13.1	13.2	13.3
TITLE	NAME	☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing 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 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:

Helen Radvil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

(813) 360-3974

Date

Office Phone

CR2E034 (12/95)