

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 17 1997 8:00am  
Secretary of State

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 33706-1820  
US**

3. Date Incorporated or Qualified <b>06/25/1987</b>	3a. Date of Last Report <b>01/23/1996</b>
4. FEI Number <b>62-1912945</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIEZELIS, JOSEPH A.</b>	1.2 NAME	
STREET ADDRESS	<b>7501 GULF BV</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETE BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RADVIL, ZIGMANTAS S.</b>	2.2 NAME	
STREET ADDRESS	<b>7501 GULF BV</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETE BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CESNA, ALDONA L.</b>	3.2 NAME	
STREET ADDRESS	<b>7501 GULF BV</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST. PETE BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIEZELIS, DOROTHY K.</b>	4.2 NAME	
STREET ADDRESS	<b>7501 GULF BV</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETE BCH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RADVIL, HELEN</b>	5.2 NAME	
STREET ADDRESS	<b>7501 GULF BV</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETE BCH FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: **Joseph A. Miezelis** 1-8-97 813-360-3974  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)