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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33706-1820  
US

2. Principal Place of Business

21

2a. Mailing Address

Suite, Apt. #, etc.

22

26

Suite, Apt. #, etc.

City & State

23

27

City & State

Zip

24

Country

25

29

Zip

30

Country

9. Name and Address of Current Registered Agent

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

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 607.1508, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **VD**  
NAME: **MIEZELIS, JOSEPH A.**  
STREET ADDRESS: **7501 GULF BV**  
CITY-ST-ZIP: **ST. PETE BEACH FL**

DELETE

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE: **PD**  
NAME: **RADVL, ZIGMANTAS S.**  
STREET ADDRESS: **7501 GULD BV**  
CITY-ST-ZIP: **ST. PETE BEACH FL**

DELETE

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE: **TD**  
NAME: **CESNA, ALDONA L.**  
STREET ADDRESS: **7501 GULF BV**  
CITY-ST-ZIP: **ST. PETE BEACH FL**

DELETE

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE: **VD**  
NAME: **MIEZELIS, DOROTHY K.**  
STREET ADDRESS: **7501 GULF BV**  
CITY-ST-ZIP: **ST PETE BCH FL**

DELETE

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE: **SD**  
NAME: **RADVL, HELEN**  
STREET ADDRESS: **7501 GULF BV**  
CITY-ST-ZIP: **ST PETE BCH FL**

DELETE

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

DELETE

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph A. Miezels* 1-8-97 813-340-3974

Date

Daytime Phone #

CR2E034 (9/96)