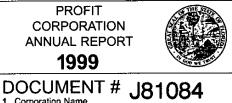
PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90172 005 ***150.00

DOLPHIN	MIAMI LINENS 'N IMING	S, INC.						
Principal Place	e of Business	Mailing Address						
ATTN: MICHELLE SIMONETTI ATTN: MICHELLE SIMONETTI								
6 BRIGHTON ROAD 6 BRIGHTON ROAD			.,					
CLIFTON NJ 07015 CLIFTON NJ 07015						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						07/06/1987		
2. Principal Pl	lace of Business	2a. Mailing Address	<u> </u>			4. FEI Number	} -	Applied For
21		26				22-3058500		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	Additional Required
City & State	9	City & State				6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip			C	Country		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registe	red Agent	
4 15 167				81	Name			
United States Corporation Co. 1201 Hays Street				82 Street Addr		ess (P.O. Box Number is Not Acceptable)		-
	E 105			83				
TALL	AHASSEE FL 32301		L				05 70	n Codo
				84	City		FL 85 Zi	p 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 age				nt signature required			TODG IN 12
12.		ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICER	Chang	
TITLE	_		TITLE			Criang		
NAME	ore and the same a		NAME					
STREET ADDRESS			STREET	FADDRESS				
CITY-ST-ZIP	CLIFTON NJ			CITY-ST	T-ZIP	ALCOHOLD CONTRACTOR OF THE PARTY OF THE PART	Chana	Addition
TIFLE	_		TITLE			Change	e 🔲 Addition	
NAME	OILLO, VIILLI III		2 NAME					
STREET ADDRESS	s 6 BRIGHTON ROAD 2.		STREET	T ADDRESS			1	
CITY-ST-ZIP			4 CITY-S	T-ZIP				
ˆπιε · -	S			TITLE	-	<u></u>	☐ Chang	e
NAME	DIOIG DATE		2 NAME					
STREET ADDRESS			STREET	T ADDRESS				
CITY-ST-ZIP	CLIFTON NJ		3.4. CITY-		ST-ZIP			
TITLE		☐ DELETE 4.1		TITLE			Chang	e 🗀 Addition
NAME			4.	2 NAME				
STREET ADDRESS			4.3	STREET	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S		T-ZIP		·	
TITLE		☐ DELETE	5.1	TITLE			Chang	e
NAME			5.2	2 NAME				
STREET ADDRESS			5.3	3 STREET	TADDRESS			Į
CITY-ST-ZIP			5.4	4 CITY+S	T-ZIP			
TITLE		☐ DELETE	6.	1 TITLE			☐ Chang	e Addition

14. I 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, one an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP