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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K81885

1. Corporation Name

LIN-ROL CORPORATION

Principal Plac	ce of Business	Mailing Address	Mailing Address						
C/O ROLAND		C/O ROLAND EISENBERG	D ROLAND EISENBERG 152-A HARBOUR LANDINGS DR GULF HARBOUR						
14352-A HARBOUR LANDINGS DR GULF HARBOUR FORT MYERS FL 33908		FORT MYERS FL 33908		,011	DO NOT WRITE IN THIS SPACE				
US	, 2 00000	US				3. Date Incorporated or Qualifed			
						04/17/1989			
2. Principal I	l Place of Business 2a. Mailing Address					l		pplied For	
21 C/O	oland Eisenberg 26 c/o Roland Ei			senberg		65-0112675		lot Applicable	
Suite, Apt	t. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	+ -	Additional	
	11146 Harbor Estates Circ 27 11146 Harbor			<u>Estates Cir</u>		G. Controlle of Glade Beening	Fee R	Required	
City & Sta	City & State City & State			*		6. Election Campaign Financing		May Be	
23 Fort	Fort Myers, FL 28 Fort Myers,					Trust Fund Contribution		to Fees	
Zip	Country	Zip Country				8. This corporation owes the current year Intang	_		
24 3390		29 33908 30	<u> </u>			7 0.001.011.1000.10	Yes	□No	
	9. Name and Address of Current I	Registered Agent		M Name		10. Name and Address of New Registered Ag	ent		
F10	ENDEDO DOLAND			81 Name Roland Eisenberg					
EISENBERG, ROLAND				82 Street Address (P.O. Box Number is Not Acceptable)					
C/O ROLAND EISENBERG 14352-A HARBOUR LANDINGS DR GULF HARBOUR				11146 Harbor Estates Circle				<u></u>	
		LF MARBOUR	ľ	13		• •			
FUI	RT MYERS FL. 33908		18	4 City				Code	
				For	t My	vers FL		908	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authorities of the contraction of the					d corpor	ration submits this statement for the purpose of chars board of directors. I hereby accept the appointm	anging it nent as r	s registered egistered	
office of agent. I	registered agent, or both, in the State of am familiar with, and accept the obligatio	ns of, Section 607.0505, Florida	a Statut	es.	porduon	to sould of disable to the too, every the appearance			
SIGNATURE	:								
	Signature, typed or printed name of registered agent a			gent signatur	required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	OIDECT	OPS IN 12	
12.	OFFICERS AND	DIRECTORS DELETE	13.		-		Change		
TITLE	PD FIGURE	(") DETEIE	1.1 TITU			<u> </u>	7] Ollongo		
NAME C/O ROLAND EISENBERG			12 NAME		1111	146 Harbor Estates Circle		. }	
STREET ADDRESS 14352-A HARBOUR LANDINGS DR GULF HARBOUR						the state of the s		Į.	
CITY-ST-ZIP	FORT MYERS FL			-ST-ZIP	For	rt Myers, FL 33908	Change	Addition	
TITLE .	D	☐ DELETE	2.1 TITL		}	e	Change		
NAME	EISENBERG, LINDA		2.2 NAM		1111	146 Harbor Estates Circle		ĺ	
STREET ADDRES	1	OR GULF HARBOUR	2.3 STR	EET ADDRES	9			1	
CITY-ST-ZIP	FORT MYERS FL			/-ST-ZIP	For	rt Myens, FL 33908			
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NAME			3.2 NAW	E	ĺ	•		j	
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NAME			4. 2 NA	Æ					
STREET ADDRES	s ·		4.3 STR	EET ADORES	s				
CITY-ST-ZIP	1		4.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL	E			Change	a ☐ Addition	
NAME		İ	5.2 NAM	E					
STREET ADDRES	s	,	5.3 STR	EET ADORES	s	·		1	
CITY-ST-ZIP	•		5.4 C/TY	-ST-ZIP					
TITLE		☐ DELETE	6.1 TITL	E			Change	Addition	
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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, or on an attachment with an address, with all after like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP