

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 MAR 21 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L05183** (3)  
1. Corporation Name  
**SUPER LINEN SERVICE CORP.**

Principal Place of Business Mailing Address  
695 N.W. 4TH AVENUE 695 N.W. 4TH AVENUE  
FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/28/1989 3a. Date of Last Report 04/29/1994

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0153835	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$0.75 Additional Fee Required
24	Zip	Country	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
LEE, WING TSUN 10017 W SUNSET STRIP SUNRISE FL 33322		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, WING TSUN	1.2 NAME	
STREET ADDRESS	4101 HIATUS RD, APT 306	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MA, BONNIE, Y	2.2 NAME	
STREET ADDRESS	2530 N. POWERLINE RD 401	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HO, KWAN SUI	3.2 NAME	
STREET ADDRESS	695 NW 4TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAO, KAI MING	4.2 NAME	
STREET ADDRESS	695 NW 4TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 insolvency empowereed 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: Ho, Kwan Sui 3-15-95 (305)-46673773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR