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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L05183

1. Corporation Name
SUPER LINEN SERVICE CORP.

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

Mailing Address
**695 N.W. 4TH AVENUE
 FT. LAUDERDALE FL 33311**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/28/1989

4. FEI Number
65-0153835

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**KWAN, SUI HO
 695 NW 4TH AVE
 FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D LEE, WING TSUN**

STREET ADDRESS **4101 HIATUS RD, APT 306**

CITY-ST-ZIP **SUNRISE FL**

TITLE DELETE

NAME **S MA, BONNIE, Y**

STREET ADDRESS **2530 N. POWERLINE RD 401**

CITY-ST-ZIP **POMPANO BEACH FL**

TITLE DELETE

NAME **P HO, KWAN SUI**

STREET ADDRESS **695 NW 4TH AVENUE**

CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE DELETE

NAME **V MAO, KAI MING**

STREET ADDRESS **695 NW 4TH AVENUE**

CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME **Ma, Bonnie Y.**

2.3 STREET ADDRESS **11471 W. Sample Road, Suite 41**

2.4 CITY-ST-ZIP **Coral Springs, FL 33065**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 other like empowered.

SIGNATURE: **X** *[Signature]* (President) 1/23/99 (954) 467-3773
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)