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PROFIT CORPORATION ANNUAL REPORT



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

1996

L84037

(5)

DOCUMENT #
1. Corporation Name

LINNEA'S LANDING INC.



	of Business	Mailing Address						
5370 NORTH US 1 COCOA FL 32927			5370 NORTH US 1 COCOA FL 32927					
					3. Date Incorporated or Qualified 06/28/1990	3a. Date	of Last F 5/01/1	
2. Principal Pla	ice of Business	2a. Mailing Address	S		4. FE! Number			Applied For
Suite Ant #	Loto	26			59-3027890			Not Applicable
Suite, Apt. #, etc.		27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip 24	Country 25	Z _I p 29	Coun 30	try	8. This corporation has liability for Florida Statutes Yes			
	9. Name and Address of	Current Registered Agent	1901		10. Name and Address of New F		gent	
				Name				
	JINNEA D. PRING ST		82 Street Ad		idress (P.O. Box Number is Not Acceptable)			
321 SPRING ST COCOA FL 32927			8	33				
			ī	34 City		FL	85 Z	ip Code
or registers	ed agent, or both, in the State h, and accept the obligations of	of Fiorkia. Such change was au	thorized by the co	rporation's boa	oration submits this statement for the pur and of directors. I hereby accept the app	ontment as r	egistere	d agent. I am
SIGNATURE		·						
SIGNATURE	Signature, typed or printed name of registe	red agent and the Lapps, at se	(NOTE Registered A	gent signature require		DATE	DUDE OT	
SIGNATURE	Signature, typed or printed name of registr OFFICE	end agent and the Tapacable	(NOTE Registered A	*****	ud when remistating? ADDITIONS/CHANGES TO OFF	ICERS AND		
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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 12 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ORDIRECTOR