

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED AND FILED

pg 10/3

97 JUL 10 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32789 (0)

1. Corporation Name
LORRAINE LINENS, INC.



Principal Place of Business 700 S. MILITARY TRAIL DEERFIELD BEACH FL 33442	Mailing Address 700 S. MILITARY TRAIL DEERFIELD BEACH FL 33442-3025
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3. Date Incorporated or Qualified 02/12/1991	3a. Date of Last Report 08/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 11-2223452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 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

**BUCHWALTER, BERNARD
700 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **000002238300--4**
84 City **07/15/97-01052-004**
******165.56 ****165.00**

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CCD	<input type="checkbox"/> DELETE
NAME	BUCHWALTER, BERNARD	
STREET ADDRESS	673 OSPREY POINT CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BUCHWALTER, MITCHELL	
STREET ADDRESS	2835 NW 45TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	BUCHWALTER, LORRAINE	
STREET ADDRESS	673 OSPREY POINT CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth Josephy	
1.3 STREET ADDRESS	11030 NW 5TH COURT	
1.4 CITY-ST-ZIP	Coral Springs FL 33071	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

A. Allan
7/10/97

14. I do 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.

SIGNATURE *Sandra B. Mortham* *7/10/97* *254425-080*

CR2E034 (9/96)

P7-2013



Quaker Lace
A Division of Truett-Lucas, Inc.

July 9, 1997

Division of Corporations
Annual Reports Filing
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Dear Sirs,

I am following the instructions given to me by your person at the telephone no. 904-488-9000 by filing the enclosed form with our #1105-check and this letter of explanation as to why we are filing late.

We are a small business with limited staff in Florida. On December 31, 1996, we closed a plant in Hiawatha Florida and further reduced our Florida presence. Subsequent to this closing, some of our employees duties were shifted and new assignments were made. Mail, records, and alike were re-assigned to different people. Unfortunately, I just now became aware of this once a year filing had not been previously attended to. Therefore, I have immediately completed the attached form and authorized it to be sent by overnight mail to you. I hope you can see that it wasn't by willful neglect or intentional disregard that this filing is late. As you can see, there is

Executive Offices
700 South Military Trail
P.O. Box 4218
Deerfield Beach, Florida 33442
954 425 0800
Fax 954 425 0805

New York Showroom
261 Fifth Avenue
New York, New York 10016
212 679 0075
Fax 212 686 0510

very little time needed to complete the form. ^{pg. 3 of 3}

We kindly ask that, this one time, you grant us an abatement from any late charges, and that you accept the enclosed check as payment in full for our 1997 annual report filing along with our sincere apology and full intention that this will never happen again.

Thank you for your kind consideration of this matter.

Sincerely,

Kenneth Josephly
COO of Horvath Business, Inc.