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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # P32789



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90225 043 ***150.00

 Corporation 	Name							
LORRAIN	ie Linens, iņc							
)		ija ii a liii i aa i	
Principal Place of Business Mailing Address						472() 51511 41511		
700 S. MILITAR	Y TRAIL	700 S. MILITARY TRAIL						
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442					DO NOT WRITE IN THIS SPACE			
				•	3. Date Incorporated or Qualifed			
	•				02/12/1991		ļ	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For	
21		26		11-2223452	No	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional		
22	· . • •	27			5. Certificate of Status Desired	Fee Re	equired	
City & State	e	City & State			6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution		to Fees	
Zip	Country Zip		Country		8. This corporation owes the current year Intangible			
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registered		□I40	
	9. Name and Address of Current	t Registered Agent	- 1	11 Name	To. Name and Address of New Registered	Agent	-	
BLIC	HWALTER, BERNARD			1				
	S. MILITARY TRAIL	نورینوریننپ	7	Street A	ddress (P.O. Box Number is Not Acceptable)			
	RFIELD BEACH FL 33442			13				
			Ľ					
	•			4 City	· F	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statut	es, the ab	ve-named c	ornaration cubmits this statement for the ournase	of changing its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	uthorized I	y the corpor	ation's board of directors. I hereby accept the app	ointment as re	egistered	
agent, i ar	m ramıllar with, and accept the obligat	10118 01, 36011011 007.0303, 1 10	ilua Statut	5 3.				
_	•						•	
SIGNATURE	Signature, typed or printed name of registered agen				juired when reinstating) DATE		·	á
SIGNATURE		et and title if applicable. (NOTE D DIRECTORS			juired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A			1/08)
SIGNATURE	OFFICERS AN	at and title if applicable. (NOTE	: Registered A	gent signature req	, . ,	AND DIRECTO	ORS IN 12	(11
SIGNATURE	OFFICERS AN CCD BUCHWALTER, BERNARD	et and title if applicable. (NOTE D DIRECTORS	:: Registered A	gent signature rec	, . ,			(11
SIGNATURE 12.	OFFICERS AN CCD BUCHWALTER, BERNARD 673 OSPREY POINT CIRCLE	et and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITL	gent signature rec	, . ,			(11
SIGNATURE 12. TITLE NAME	OFFICERS AN CCD BUCHWALTER, BERNARD	at and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITN	gent signature rec	, . ,	Change	☐ Addition	2E03/ (44
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AN CCD BUCHWALTER, BERNARD 673 OSPREY POINT CIRCLE BOCA RATON FL P	et and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature rec	, . ,			2E03/ (44
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN CCD BUCHWALTER, BERNARD 673 OSPREY POINT CIRCLE BOCA RATON FL P. BUCHWALTER, MITCHELL	at and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	gent signature requests E E E E E E T T T T T T T T T T T T T	, . ,	Change	☐ Addition	2E03/ (44
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN CCD BUCHWALTER, BERNARD 673 OSPREY POINT CIRCLE BOCA RATON FL P. BUCHWALTER, MITCHELL 2835 NW 45TH ST	at and title if applicable. (NOTE D DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	eant signature rec	, . ,	Change	☐ Addition	2E03/ (44
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/20/99 9

954-425-0800 Daytime Phone #