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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000021461 (7)

THE LINEN STORE, INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 1000 LINTON BLVD. P. O.BOX 4727 N/A **DELRAY BEACH FL 33444** PORTSMOUTH NH 03802 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/16/1993 2. Principal Place of Business 4. FEI Number Mailing Address Applied For 1000 Market St 65-0395610 21 26 Not Applicable Suite, Apt. #, etc. Suite, Act. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm IO}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ΠNο 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION INFORMATION SERVICES INC. Name 1201 HAYS ST. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agrint and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TOTLE Change ___ Addition Darcia, Robert L., Bldg. 1 GARCIA, ROBERT L NAME 1.2 NAME **ONE CATE STREET, STE. 3** STREET ADDRESS 1.3 STREET ADDRESS **PORTSMOUTH NH** NH 03801 Portsmouth CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition **GREENE, DOUGLAS** Greene Douglas, Bldg.1 NAME 2.2 NAME ONE CATE STREET, STE. 3 STREET ADDRESS 2.3 STREET ADDRESS **PORTSMOUTH NH** Portsmouth NH 03801 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE __ Change ___ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7/P DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 program attachment with an address.