

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -1, AM 7:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000060388 (3)**

1. Corporation Name  
**ORLANDO LINENS 'N THINGS, INC.**

Principal Place of Business  
**ONE THEALL RD.  
RYE NY 10580**

Mailing Address  
**ONE THEALL RD.  
RYE NY 10580**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/17/1994**

3a. Date of Last Report

4. FEI Number  
**58-2137533**

Applied For  
Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. **6 BRIGHTON RD**  
Suite, Apt #, etc

22. **P O BOX 5108**  
City & State

23. **CLIFTON NJ**  
Zip Country

24. **07015**

25. Country

26. **6 BRIGHTON RD**  
Suite, Apt #, etc

27. **P O BOX 5108**  
City & State

28. **CLIFTON NJ**  
Zip Country

29. **07015**

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

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

Signature of registered office or registered agent (if applicable)

Signature of registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	<b>AKELROS, NORMAN</b>
STREET ADDRESS		13 STREET ADDRESS	<b>6 BRIGHTON RD</b>
CITY ST ZIP		14 CITY-ST-ZIP	<b>CLIFTON NJ 07015</b>
TITLE		21 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	<b>GILES, WILLIAM</b>
STREET ADDRESS		23 STREET ADDRESS	<b>6 BRIGHTON RD</b>
CITY ST ZIP		24 CITY-ST-ZIP	<b>CLIFTON NJ 07015</b>
TITLE		31 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	<b>DICK, DAVID</b>
STREET ADDRESS		33 STREET ADDRESS	<b>6 BRIGHTON RD</b>
CITY ST ZIP		34 CITY-ST-ZIP	<b>CLIFTON NJ 07015</b>
TITLE		41 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	<b>BRENNAN, MICHAEL</b>
STREET ADDRESS		43 STREET ADDRESS	<b>ONE THEALL RD</b>
CITY ST ZIP		44 CITY-ST-ZIP	<b>RYE, NY 10580</b>
TITLE		51 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	<b>RICHARDS, ARTHUR</b>
STREET ADDRESS		53 STREET ADDRESS	<b>ONE THEALL RD</b>
CITY ST ZIP		54 CITY-ST-ZIP	<b>RYE, NY 10580</b>
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(9)(a), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the officer 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 of this report, or in an addendum with an address.

SIGNATURE:

*David Dick*  
**DAVID DICK**

3-29-95

201-778-1300