

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000060388 (3)**

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



Principal Place of Business: **6 BRIGHTON RD P. O. BOX 5108 CLIFTON NJ 07015 US**
Mailing Address: **6 BRIGHTON RD P. O. BOX 5108 CLIFTON NJ 07015 US**

3. Date Incorporated or Qualified: **08/17/1994**
3a. Date of Last Report: **04/04/1995**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 58-2137533	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$8.75 Additional Fee Required \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: _____ DATE: _____
Signature typed or printed below of registered agent based on Florida Statute 607.0505. Registered Agent signature required when furnishing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AXELROD, NORMAN	1.2 NAME	
STREET ADDRESS	6 BRIGHTON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ 07015	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILES, WILLIAM	2.2 NAME	
STREET ADDRESS	6 BRIGHTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ 07015	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, DAVID	3.2 NAME	
STREET ADDRESS	6 BRIGHTON RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON NJ 07015	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, MICHAEL	4.2 NAME	
STREET ADDRESS	ONE THEALL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY 10580	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, MICHAEL	5.2 NAME	
STREET ADDRESS	ONE THEALL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY 10580	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	RICHARDS, ARTHUR
STREET ADDRESS		6.3 STREET ADDRESS	ONE THEALL RD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	RYE NY 10580

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **DAVID DICK** 1-25-96 201-778-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FULL PHONE NUMBER

CR2E034 (12/95)