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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000008628 (5)

1. Corporation Name
LINEN & TEES EXPRESS, INC.

Principal Place of Business

4970 S.W. 52ND COURT
DAVIE FL 33314

Mailing Address

4970 S.W. 52ND COURT
DAVIE FL 33314-4553

3. Date Incorporated or Qualified
01/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 4970 SW 52nd Street

Suite, Apt. #, etc.

22 # 305

City & State

23 Davie

Zip

24 33314

Country

25 Broward

2a. Mailing Address

26 4970 SW 52nd St

Suite, Apt. #, etc.

27 #305

City & State

28 Davie

Zip

29 33314

Country

30

4. FEI Number

65-0640578

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

9. Name and Address of Current Registered Agent

MOYLE, BERNARD T ESQUIRE
ONE FINANCIAL PLAZA, NATIONSBANK TOWER
SUITE 1800
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

Keri Baker Herman

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

11148 NW 37 Street

83

84 City

Sunrise

FL

85 Zip Code

33361

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

Keri Baker Herman

1/29/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME HERMAN, CRAIG R
STREET ADDRESS 4970 S.W. 52ND STREET, SUITE 305
CITY - ST - ZIP DAVIE FL 33314

TITLE D ☐ DELETE
NAME SHAPIRO, MARK A
STREET ADDRESS 4970 S.W. 52ND STREET, SUITE 305
CITY - ST - ZIP DAVIE FL 33314

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 (954) 316-9011

Date

Daytime Phone #

CR2E034 (9/96)