FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000022765 (7)

LINNEA'S LINENS, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX OFFICE LONGWOOD PL 122701

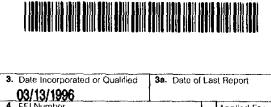
POST-OFFICE-BOX 917261-LONGWOOD FL-92791-7281

Mailing Address

SIGNATURE REQUIRED

4479

FILED Apr 24 1997 8:00am Secretary of State



5. Certificate of Status Desired

Applied For

Fee Required

Not Applicable

\$8.75 Additional

		1 ⁻ 1						
	ANDO, FL	City & State 28 OR LANDO	FL	1	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24 3 2 8	Country	Zip 32812 30	Country	ISA	8. This corporation has liability for			. 199.032,
24 328	9. Name and Address of Current		0] 0	UA		Yes 1X1		
FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311								
				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
)
			84	City		FL	I5 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutos.		named co	orporation submits this statement for the	purpose of ch	anging it	is registered
-iottice or r	registered agent, or both, in the State of im familiar with, and accept the obligati	l Florida. Such change was aut	horized by	the corpor	ation's board of directors. I hereby acco	pt the appoint	ment as	registered
	on familiar with, and accept the congac	ons or, goddion gov.good, mong	Ja Slatutea	1.				. (
SIGNATURE	Signature, typed or printed name of registered agent	and tille if applicable. (NOTE: P	Registered Age	nt signature rec	puired whon reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTOF	(S IN 12
TITLE	D	☐ DELETE	1.1 TITLE	ſ			Change	☐ Addition
NAME	COBLENTZ, LINNEA		1.2 NAME					}
STREET ADDRESS	SHE MAIN STREET 38/		1.3 STREET	ADDRESS .				
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 CITY - S	T-ZIP				
TITLE		DELETE	21 TALE]			Change	Addition]
NAME			2.2 NAME					l
STREET ADDRESS			2.3 STREET	ADDRESS				ļ
CITY-ST-ZIP			2 4 CITY - S	1-2IP				
TITLE		☐ DELETE	3.1 1)TLf			U	Change	☐ Addition
NAME			3.2 NAME]				ļ
STREET ADDRESS			3.3 STREET	ADDRESS				ļ
CITY-ST-ZIP		T priest	34. CITY - S	1 - ZIP				-
TITLE		DELETE	4.1 TITLE	1			Change	Addition
NAME			4. 2 NAME					ļ
STREET ADDRESS			4.3 STREET	ſ				ł
CRY-ST-ZIP		DELETE	4.4 CITY-S	1-716			Change	Addition
NAME			5.1 TITLE 5.2 NAME			لــا	OURHÜG	L.J AUGURAN
STREET ADDRESS			J	ADDOCCO				ļ
			5.3 STREET	J				ļ
CITY-ST-ZIP TITUE	- W	DELETE	5.4 CHY - ST 6.1 TITLE	1 - ZIP			Change	Addition
NAME		La beerie	6.2 NAME			لبا	OHAHYU	L.J Moordoll
STREET ADDRESS				*DDDCCC				
CITY-ST-ZIP			6.3 STREET	1				}
	by certify that the information supplied of	with this filing does not qualify f	6.4 CITY - S for the exe	nption state	ed in Section 119.07(3)(i), Florida Statute	es. Hurther ce	rlify that	the
informatio	n indicated on this annual report or sur	oplemental annual report is true	and accu	rate and th	at my signature shall have the same len	al effect as if r	nade un	der cath: that I
onnasie i	inicer of director of the corporation of the Riock 12 or Riock 12 if changed or o	ne receiver or trustee empowere	ed to exec	ute this rep	ort as required by Chapter 607, Florida	Sialutes; and	nat my r	BILIRI