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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000026570 (7) 1. Corporation Name

LINDA SUE EISENHAUER, INC.

Principal Division	1.Company	Edetti Adda	·			
Principal Place of Business 8405 93RD LANE SO BOYNTON BEACH FL 33437		Mailing Address 8405 93RD LANE SO BOYNTON BEACH FL 33437-4403				
E					3, Date Incorporated or Qualified 03/20/1996	3a. Date of Last Report
2. Principal Prace of Business					4. FEI Number	Applied For
21 Suite, Apt #, etc.		26 Suite Ant #	Suite, Apt. #, etc.		65 0653256	Not Applicable \$8.75 Additional
22		27	 1		5. Certificate of Status Desired	Fee Required
City & State		City & State	L L		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for i	
24	g. Name and Address of Current	29 1 Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No
BI Name .					سبل ۸	
8405 93RD LANE SO			82	Street Address	NOA S EISBNHAU	IBIC I
BOYNTON BEACH FL 33437			02	311001 70010	ss (P.O. Box Number is Not Acceptable 05 93 LANG	"So
			83			
			84	City B	OYNTON BEACH	FL 85 Zip Code 33437
11. Pursuant to	the provisions of Sections 607.0502	2 and 607.1508, Florid	a Statutes, the abov	-named corpor	ration submits this statement for the p n's board of directors. I hereby accep	urpose of changing its registered
			505 Florida Statute	ins corporatio	in a board or directors. I hereby accep	t the appointment as registered
SIGNATURE L	IN UA S EISBNIIAU mahire, typed or pented name of registered ager	IBR DIV		senhau		4-20-97
12.	onature, typed or puritied name of registered ager OFFICERS AND		(NOTE: Registered Ap	ur eiðverrius Ledmueg	ADDITIONS/CHANGES TO OFFIC	
	D	☐ DE			ADDITIONAL TRANSPORT OF THE	☐ Change ☐ Addition
	EISENHAUER , LINI	DA S	1.2 NAME			
			1.3 STREET	ADDRESS		
	BOYNTON BEACH FL 33437		1.4 C/TY-5	7 - ZIP		
1ITLE		DE				Change Addition
NAME STORES			22 NAME 23 STREE	*DDDCCC		
STREET ADDRESS CITY-SE-ZIP			2 4 CITY-	1		•
III.E	, , ,	☐ DE		-: •"	<u></u>	Change Addition
NAME			32 NAME			
STREET ADDRESS			3 3 STREE	ADORESS		
CHTY - ST - ZIF			34 CITY-	ST- 2IP		AL
TITLE		∐ DE				Change Addition
NAME			4 2 NAME	4000000		
STREET ADDRESS			4.3 STREE			
CITY-S1-7/P TOLE		DE	4.4 CITY-: Lete 5.1 title	i-air		☐ Change ☐ Addition
NAME			5.2 NAME			·
STREET ADDRESS			5.3 STREE	ADORESS		
CITY-ST-74P						
1 0111 1111 1			5.4 CITY-			
THE		☐ OE				Change Addition

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 chapted, or on an attachment with an address.