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

DOCUMENT # P96000073695 (4)

LINSU, INC.

FILED May 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 528 OAKFIELD DRIVE 528 OAKFIELD DRIVE BRANDON FL 33511 BRANDON FL 33511-5743								
					3. Date Incorporated or Qualified 09/05/1996		te of Last Ro	eport
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 069398	····	Ap	plied For at Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip	Cour	ntry	8. This corporation has liability for		tax under s.	
24	9. Name and Address of Curre	11	1301		10. Name and Address of New F			
W/AI	LTZER, SUSAN H			81 Name				
608 BLOOMINGFIELD				82 Street Add	ress (P.O. Box Number is Not Accept	able)	<u></u>	
BRV	ANDON FL 33511		}	83				
			Ì	64 City		FL	85 Zip (Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 registered agent, or both, in the State im filmiliar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was ations of, Section 607.0505, F	utes, the ab authorized lorida Stati	ove-named corporal by the corporal	poration submits this statement for the ition's board of directors. I hereby acc		changing it sintment as	s registered registered
SIGNATURE								
	Signature, typed or printed name of registered ag			Agent signature requi	ired when reinstating)	DATE	DIDECTOR	C 11 40
12.	D OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICEHS AND	Change	Addition
TITLE	WALTZER, SUSAN H	f prefit	1.7 (8)	I			Charige	Audilion
NAME STREET ADDRESS	608 BLOOMINGFIELD			REET ADORESS				
1	BRANDON FL 33511		- 1	1				
CHY-ST-ZIP TITLE	0	DELETE	2.1 717	Y-ST-ZIP			Change	Addition
NAME	DENSMORE, LINDA L	E DITCH	22 NA	i				Emil Podition
STREET ADDRESS	2407 ARBORWOOD DRIVE		1	HEET ADDRESS				
	VALRICO FL 33594			TY+ST-ZIP				
CHY-ST-ZIP	TABLEY IL VOUT	DELETE	3.1 TIT				Change	Addition
NAME			3.2 NA					
STREET ADDRESS			1	REET AODRESS				
CITY-ST-ZIP			1	TY-ST-ZIP				
TITLE		DELETE	4.1 TIT				Change	Addition
NAME			4.2 N/	IME				
STREET ADDRESS			4.3 STI	EET ADORESS				
CITY-ST-ZiP				Y-ST-ZIP				
TrīLE		☐ DELETE	51 TiT				Change	Addition
NAME]		5.2 NA	ме				
STREET ADDRESS				REET ADDRESS				
CHY-ST-ZIP				Y-ST-ZIP				
TITLE		DELETE	6.1 TIT		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			6.2 NA	ì	*.			
STREET ADDRESS				HEET ADDRESS				
CITY-S1-ZIP				Y-ST-ZIP				
	<u></u>				······································			

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:

TURE AND TYPED OR PRINTED WANTE OF BIGNING OFFICER OR DIRECTOR

4/15/97

813-643-132 Dayume Phone *