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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000101670 (3)**

1. Corporation Name
DOCTOR'S LINEN SERVICE, INC.

Principal Place of Business	Mailing Address
230 TAMIAMI CANAL RD. **MIAMI FL 33144**	**230 TAMIAMI CANAL RD.** **MIAMI FL 33144-2543**

3. Date Incorporated or Qualified: **12/17/1996**
3a. Date of Last Report:
4. FEI Number: 65-0714704 [ ] 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 intangibles tax under s. 199.032 Florida Statutes [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country: 24 / 25	Zip / Country: 29 / 30

9. Name and Address of Current Registered Agent
FLEITAS, DANIEL J
230 TAMIAMI CANAL RD.
MIAMI FL 33144

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1502 and 607.1506, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	[ ] DELETE	11 TITLE [ ] Change [ ] Addition
NAME	FLEITES, DANIEL J		12 NAME
STREET ADDRESS	230 TAMIAMI CANAL RD.		13 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33144		14 CITY ST ZIP
TITLE	DST	[ ] DELETE	21 TITLE [ ] Change [ ] Addition
NAME	FLEITES, GEORGE A		22 NAME
STREET ADDRESS	230 TAMIAMI CANAL RD.		23 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33144		24 CITY ST ZIP
TITLE		[ ] DELETE	31 TITLE [ ] Change [ ] Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY ST ZIP
TITLE		[ ] DELETE	41 TITLE [ ] Change [ ] Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY ST ZIP
TITLE		[ ] DELETE	51 TITLE [ ] Change [ ] Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY ST ZIP
TITLE		[ ] DELETE	61 TITLE [ ] Change [ ] Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY ST ZIP

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this report 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 _____