5-21-98 B 7780 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000098157 (5) DOCUMENT #

LINDA'S PLACE, INC.

FILED May 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 70 NE 5TH AVE 70 NE 5TH AVE **DELRAY BEACH FL 33483** DELRAY BEACH FL 33483 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 6507964 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional X Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year intangible 24 25 30 Personal Property Tax due June 30. Yes 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MERKOVSKY, LINDA 70 NE 5TH AVE Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33483** 83 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tine if applicable (NOTE Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE **PVST** 1.1 HILE MERKOVSKY, LINDA NAME 12 NAME 70 NE 5TH AVE STREET ADDRESS 1.3 STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MERKOVSKY, LINDA NAME 2.2 NAME STREET ADDRESS 70 NE 5TH AVE 2.3 STREET ADDRESS DELRAY BEACH FL 33483 CITY-ST-ZIP 2. 4 GITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY - ST - Z(P DELETE ☐ Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 THUE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 supplimental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in