

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90136 001 ***150.00

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DOCUMENT # P97000098157

1. Corporation Name
LINDA'S PLACE, INC.

Principal Place of Business
70 NE 5TH AVE
DELRAY BEACH FL 33483

Mailing Address
70 NE 5TH AVE
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/18/1997

4. FEI Number
65-0796415

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 534 SE 15th AVE

2a. Mailing Address
26 534 SE 15th AVE

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 Boynton Bch. FL

City & State
28 Boynton Bch. FL

Zip
24 33435

Zip
29 33435

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERKOVSKY, LINDA
70 NE 5TH AVE
DELRAY BEACH FL 33483

81 Name
MERKOVSKY, LINDA

82 Street Address (P.O. Box Number is Not Acceptable)
534 SE 15th AVE

83

84 City
Boynton Bch. FL

85 Zip Code
33435

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
MERKOVSKY, LINDA
70 NE 5TH AVE
DELRAY BEACH FL 33483

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MERKOVSKY, LINDA
70 NE 5TH AVE
DELRAY BEACH FL 33483

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS
534 SE 15th AVE

1.4 CITY-ST-ZIP
Boynton Bch. FL 33435

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS
534 SE 15th AVE

2.4 CITY-ST-ZIP
Boynton Bch. FL 33435

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

561-740-2221

Daytime Phone #

CR2E034 (11/98)