

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S05518** (3)

1. Corporation Name

**AAA LINEN, INC.**



Principal Place of Business

**1290 NE BUSINESS PARK PL  
JENSEN BCH FL 34957**

Mailing Address

**1290 NE BUSINESS PARK PL  
JENSEN BCH FL 34957**

2. Principal Place of Business

21 **1466 NE Business Pk PL** →

22 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

**10/09/1990**

3a. Date of Last Report

**01/17/1995**

4. FEI Number

**65-0217795**

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 intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**COLLAZO, LUCIA  
9164 SOUTH FEDERAL HWY.  
ST. LUCIE FL 34952**

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 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

(Type or print the name of the person who signed this statement.)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE **P** ☐ DELETE  
NAME **COLLAZO, LUCIA**  
STREET ADDRESS **13509 S IND. RIVER DR**  
CITY-STATE-ZIP **JENSEN BEACH FL**

2. TITLE **VP** ☐ DELETE  
NAME **BRESSON, TRACY**  
STREET ADDRESS **2489 GINGER TERR**  
CITY-STATE-ZIP **JENSEN BEACH FL**

3. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person or persons 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

*Lucia Collazo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96 (40)3340660

CR2E034 (12/95)