

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # V31059

(1)

1. Corporation Name

LINDA S ALTERATIONS, INC.

Principal Place of Business

650 ROYAL PALM BLVD.  
ROYAL PALM BEACH FL 33411  
US

Mailing Address

650 ROYAL PALM BLVD.  
ROYAL PALM BEACH FL 33411  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0323008

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

2. Principal Place of Business

21 650 ROYAL PALM BLVD.

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 ROYAL PALM BEACH FL.

Zip

Country

27 City & State

28 Zip Country

24 33411

25 PALM BEACH

29

30

9. Name and Address of Current Registered Agent

ALMEIDA, ARLINDA M.  
13128 MEADOWBREEZE DR.  
WELLINGTON FL 33414

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ALMEIDA, ARLINDA M.  
STREET ADDRESS 13128 MEADOWBREEZE DR.  
CITY - ST - ZIP WELLINGTON FL

TITLE D  
NAME ANICETO, FRANCISCA B.  
STREET ADDRESS 1436 PSLIMROSE LANE  
CITY - ST - ZIP WELLINGTON FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ARLINDA M. ALMEIDA 4-13-95 4/13/95 770-0038

SIGNATURE AND TYPE OF OFFICIAL OF FILING OFFICE OR DIRECTOR

Date

Daytime Phone #