

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 170195 (2)
 1. Corporation Name
LE DOLAINE INC.

Principal Place of Business 402 N.W. 17TH STREET DELRAY BEACH FL 33444	Mailing Address 402 N.W. 17TH STREET DELRAY BEACH FL 33444
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Atlantic Ave	2a. Mailing Address 4303 TAHITI DR
23. City & State DELRAY BEACH, FL	27. City & State HERNANDO BEACH, FL
24. Zip 3	29. Zip 34607
25. Country FLORIDA	30. Country HERNANDO

3. Date Incorporated or Qualified 08/28/1952	4. FEI Number 59-6064425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
WEEKS, LINDA
402 NW 17TH STREET
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent
 81 Name **LINDA WEEKS**
 82 Street Address (P.O. Box Number is Not Acceptable) **4303 TAHITI DR.**
 83 **HERNANDO BEACH**
 84 City **FL** 85 Zip Code **34607**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, WILLIAM W	1.2 NAME	
STREET ADDRESS	402 N.W. 17TH STREET	1.3 STREET ADDRESS	4303 TAHITI DR
CITY-ST-ZIP	DELRAY BEACH FL 33444	1.4 CITY-ST-ZIP	HERNANDO BEACH, FL 34607
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, R. STUART	2.2 NAME	Delete
STREET ADDRESS	402 N.W. 17TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, DAVID S	3.2 NAME	VICE PRESIDENT
STREET ADDRESS	4290 TARPON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA WEEKS	4.2 NAME	
STREET ADDRESS	4303 TAHITI DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO BEACH, FL 34607	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: W. Weeks **TRED**

CR2E034 (10/97)