

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 PM 9:01

DOCUMENT # 764078 (2)

1. Corporation Name
NORTH SIDE ALLAN LANE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business P O BOX 510054 PO BOX 54 MELBOURNE BEACH FL 32951-054 US	Mailing Address 180 ALLAN LANE PO BOX 54 MELBOURNE BEACH FL 32951 US
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3. Date Incorporated or Qualified 07/08/1982	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2221563	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**LINDE, AUDREY
180 ALLAN LANE
MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	LINDE, AUDREY
STREET ADDRESS	180 ALLAN LN MELBOURNE BEACH FL
CITY - ST - ZIP	MELBOURNE BEACH FL
TITLE	P
NAME	WALTERS, WILHELMINA
STREET ADDRESS	320 ALLAN LN MELBOURNE BEACH FL
CITY - ST - ZIP	MELBOURNE BEACH FL
TITLE	D
NAME	WINDZIGL, DOLORES
STREET ADDRESS	250 ALLAN LANE MELBOURNE BCH FL
CITY - ST - ZIP	MELBOURNE BCH FL
TITLE	S
NAME	LEWIS, EMILY
STREET ADDRESS	230 ALLAN LN MELBOURNE BEACH FL
CITY - ST - ZIP	MELBOURNE BEACH FL
TITLE	D
NAME	RAMIREZ, PETER
STREET ADDRESS	300 ALLAN LANE MELBOURNE BCH FL
CITY - ST - ZIP	MELBOURNE BCH FL
TITLE	D
NAME	CHANEY, FRED
STREET ADDRESS	200 ALLAN LANE MELBOURNE BEACH FL
CITY - ST - ZIP	MELBOURNE BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 118.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Audrey M. Linde **AUDREY M. LINDE** 4-24-95 (407) 729-7097