

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **764078** (2)  
1. Corporation Name  
**NORTH SIDE ALLAN LANE, INC.**



Principal Place of Business Mailing Address  
**P O BOX 510054  
PO BOX 54  
MELBOURNE BEACH FL 32951-054  
US** **180 ALLAN LANE  
PO BOX 54  
MELBOURNE BEACH FL 32951  
US**

3. Date Incorporated or Qualified **07/08/1982** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number <b>59-2221563</b>	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LINDE, AUDREY 180 ALLAN LANE MELBOURNE BEACH FL 32951</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<b>T</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDE, AUDREY</b>	1.2 NAME	
STREET ADDRESS	<b>180 ALLAN LN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALTERS, WILHELMINA</b>	2.2 NAME	
STREET ADDRESS	<b>320 ALLAN LN</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINDZIGL, DOLORES</b>	3.2 NAME	
STREET ADDRESS	<b>250 ALLAN LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, EMILY</b>	4.2 NAME	
STREET ADDRESS	<b>230 ALLAN LN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIREZ, PETER</b>	5.2 NAME	
STREET ADDRESS	<b>300 ALLAN LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHANEY, FRED</b>	6.2 NAME	
STREET ADDRESS	<b>200 ALLAN LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	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 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 empowered to execute this report as required by Chapter 617, 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) 4-26-96 407-729-7097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)