

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:143

DOCUMENT # **J76293** (6)
1. Corporation Name
EAST DUNE LANE CORPORATION

Principal Place of Business Mailing Address
% JOHN C. DOTTERER **% JOHN C. DOTTERER**
125 WORTH AVE. STE 310 **125 WORTH AVE. STE 310**
PALM BEACH FL 33480 **PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/04/1987	02/03/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-008327	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DOTTERRER, JOHN C. 125 WORTH AVENUE, STE 310 PALM BEACH FL 33480				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, HONORIA MURPHY	1.2 NAME	
STREET ADDRESS	33 OCEAN AVE 512	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH SHORES FL 33404	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, JOHN CHARLES	2.2 NAME	
STREET ADDRESS	P.O. BOX 1022 NA	2.3 STREET ADDRESS	
CITY - ST - ZIP	EAST HAMPTON NY 11937	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTTERRER, JOHN C.	3.2 NAME	
STREET ADDRESS	125 WORTH AVE #310	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	3.4 CITY - ST - ZIP	PALM BEACH - FL - 33480
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, LAURA DONNELLY	4.2 NAME	
STREET ADDRESS	716 GIBBON STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	ALEXANDRIA VA 22314	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, WILLIAM S.	5.2 NAME	
STREET ADDRESS	170 OCEAN LANE DR APT 702	5.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL 33149	5.4 CITY - ST - ZIP	
TITLE		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 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(1)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* DATE: 5/23/95 (417/255-7297)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR