

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

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

3. Date Incorporated or Qualified **06/04/1987** 3a. Date of Last Report **05/31/1995**
4. FEI Number **65-0006327** 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

9. Name and Address of Current Registered Agent
DOTTERRER, JOHN C.
125 WORTH AVENUE, STE 310
PALM BEACH FL 33480

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

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **P/D DONNELLY, HONORIA MURPHY**
STREET ADDRESS **33 OCEAN AVE 512**
CITY-ST-ZIP **PALM BEACH SHORES FL 33404**
TITLE DELETE
NAME **D DONNELLY, JOHN CHARLES**
STREET ADDRESS **P.O. BOX 1022**
CITY-ST-ZIP **EAST HAMPTON NY 11937**
TITLE DELETE
NAME **S DOTTERRER, JOHN C.**
STREET ADDRESS **125 WORTH AVE #310**
CITY-ST-ZIP **PALM BEACH FL**
TITLE DELETE
NAME **V TAYLOR, LAURA DONNELLY**
STREET ADDRESS **716 GIBBON STREET**
CITY-ST-ZIP **ALEXANDRIA VA 22314**
TITLE DELETE
NAME **V DONNELLY, WILLIAM S.**
STREET ADDRESS **170 OCEAN LANE DR APT 702**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**
TITLE DELETE

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* 1/24/96 (407)655-7297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)