

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 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 # J76293 (6)

1. Corporation Name **EAST DUNE LANE CORPORATION**



Principal Place of Business % JOHN C. DOTTERRER 125 WORTH AVE. STE 310 PALM BEACH FL 33480	Mailing Address % JOHN C. DOTTERRER 125 WORTH AVE. STE 310 PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/04/1987

4. FEI Number **65-0008327** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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	29. Country
25. Zip	30. Country

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 reinstating) DATE _____

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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME <i>Donnelly, John Charles</i>	
2.3 STREET ADDRESS <i>33 Ocean Ave, Apt 512</i>	
2.4 CITY-ST-ZIP <i>Palm Beach Shores FL 33404</i>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME <i>P.O. Box 1022 N/A</i>	
4.3 STREET ADDRESS <i>East Hampton NY 11937</i>	
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 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 _____ DATE **7/2/98** **561-655-7797**

CR2E034 (5/98)