

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000073962 (1)

1. Corporation Name

PARK LANE, INC.



Principal Place of Business

166 LOOKOUT PLACE
SUITE 100
MAITLAND FL 32751

Mailing Address

166 LOOKOUT PLACE
SUITE 100
MAITLAND FL 32751

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRINITY CAPITAL, INC.
166 LOOKOUT PLACE
SUITE 100-201
MAITLAND FL 32751

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

Signature of officer or director of corporation, or person authorized to sign

Signature of agent or person authorized to sign

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

NAME

INDERRIEDEN, A.L.M.

STREET ADDRESS

P.O. BOX N9204 N/A

CITY-STATE-ZIP

NASSAU, BAHAMAS

TITLE

D

DELETE

NAME

DAVES, DAWN

STREET ADDRESS

166 LOOKOUT PLACE, SUITE 100

CITY-STATE-ZIP

MAITLAND FL 32751

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntary, 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 registered 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 in the report, or on an attachment with an address.

SIGNATURE:

[Signature]
A.L.M. Inder Rieden

5/6/96

(804) 325 1033

CR2E034 (12/95)