

**MP**

**NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 23 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000007405 (0)**

1. Corporation Name

~~LOVERS LANE, INC.~~  
**FANTASY LANE, Inc.** *fka Lovers Lane*

Principal Place of Business

**10391 OLD ST. AUGUSTINE ROAD**  
**SUITE 10**  
**JACKSONVILLE FL 32257**

Mailing Address

**10391 OLD ST. AUGUSTINE ROAD**  
**SUITE 10**  
**JACKSONVILLE FL 32257-6480**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/27/1995</b>	3a. Date of Last Report <b>03/27/1996</b>
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-3293072</b>	Applied For <input type="checkbox"/> Not Applicable
25. State, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29. State, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
33. State, Apt. #, etc.	34. City & State	35. Zip	36. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MEIDE, MOSES JR**  
**10391 OLD ST. AUGUSTINE ROAD**  
**SUITE 10**  
**JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81. Name **Moses Meide Jr.**  
82. Street Address (P.O. Box Number is Not Acceptable)  
**8016 ATLANTIC BOULEVARD**  
83. **JACKSONVILLE**  
84. City **FL** 85. Zip Code **32211**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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:

*[Signature]*  
**G. SAN LATIFF**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/97 904-724-4202**  
Date Daytime Phone #

0041286

CR2E034 (9/96)