


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

FILED

97 MAY -1 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 795000087864 1. Corporation Name <b>LANE'S END, INC.</b>			
Principal Place of Business <b>540 WILLIS LANE WAYNE, PA 19087</b>		Mailing Address <b>540 WILLIS LANE WAYNE, PA 19087</b>	
2. Principal Place of Business 21 <b>4 GADSDEN ST.</b> Suite, Apt. #, etc. 22 <b>B</b> City & State 23 <b>CHARLESTON, SC</b> Zip 24 <b>29401</b>	2a. Mailing Address 26 <b>353 SUNSET DR.</b> Suite, Apt. #, etc. 27 <b># 1</b> City & State 28 <b>FT. LAUDERDALE, FL</b> Zip 29 <b>33301</b>	3. Date Incorporated or Qualified <b>11/13/95</b>	3a. Date of Last Report <b>4/96</b>
9. Name and Address of Current Registered Agent <b>BLAINE H. HIBBERD 2300 E. LAS OLAS BLVD. 4TH FLOOR FT. LAUDERDALE, FL 33301</b>		10. Name and Address of New Registered Agent 81 Name <b>BLAINE H. HIBBERD</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>353 SUNSET DR.</b> 83 <b># 1</b> 84 City <b>FT. LAUDERDALE</b> FL 85 Zip Code <b>33301</b>	
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 <i>Blaine Hibberd</i> <b>BLAINE HIBBERD</b> V. PRES Signature, typed or printed name of registered agent and title if applicable		DATE <b>4/30/97</b> (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE <input type="checkbox"/> DELETE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE <input type="checkbox"/> DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.T.D OWEN HIBBERD 4 GADSDEN ST B CHARLESTON, SC 29401</b> 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V.S.D BLAINE HIBBERD 353 SUNSET DR # 1 FT. LAUDERDALE, FL 33301</b> 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400002167694-1</b> 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 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: <i>Blaine Hibberd</i> <b>BLAINE HIBBERD, SECRETARY</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <b>4/30/97</b> (954)525-1207 Daytime Phone #	

CR2E034 (9/96)