


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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90015 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000018234

1. Corporation Name
HEATHER RAYE LANE, INC.



Principal Place of Business 205 WALNUT ST NEPTUNE BCH FL 32266 US	Mailing Address 205 WALNUT ST NEPTUNE BCH FL 32266 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 222 MAGNOLIA ST. Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 222 MAGNOLIA ST. Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 02/26/1996	4. FEI Number 59-3369962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
LEMASTER, JOSH P
200 EXECUTIVE WAY
SUITE 210
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent
81 Name
HEATHER GUZZINO
82 Street Address (P.O. Box Number is Not Acceptable)
222 MAGNOLIA STREET
83
84 City
NEPTUNE BEACH FL 85 Zip Code
32266

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  DATE 3-1-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PCEO
NAME	LANE, HEATHER R
STREET ADDRESS	2006 CHEROKEE DRIVE
CITY-ST-ZIP	NEPTUNE BEACH FL
TITLE	PCEO
NAME	LANE, H R
STREET ADDRESS	205 WALNUT ST
CITY-ST-ZIP	NEPTUNE BCH FL 32266
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	GUZZINO, HEATHER LANE
1.2 NAME	222 MAGNOLIA ST
1.3 STREET ADDRESS	NEPTUNE BEACH, FL 32266
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:  DATE 3-1-99 (904) 247-7810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)