

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

FILED
Feb 18 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 # P96000042453 (6)
 1. Corporation Name
BONNIE LANE, INC.



Principal Place of Business 551 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415	Mailing Address 551 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4524 GUN CLUB ROAD Suite, Apt. #, etc. 22 SUITE 101 City & State 23 WEST PALM BEACH, FL. Zip 24 33415 Country 25 USA		2a. Mailing Address 26 4524 GUN CLUB ROAD Suite, Apt. #, etc. 27 SUITE 101 City & State 28 WEST PALM BEACH, FL. Zip 29 33415 Country 30 USA		3. Date Incorporated or Qualified 05/17/1996	4. FEI Number 65-0733971	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
THOMPSON, DOUGLAS E
4524 GUN CLUB ROAD
SUITE 101
WEST PALM BEACH FL 33415

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 *[Signature]* **DOUGLAS E. THOMPSON** **01/28/98**
Signature, type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PSD	<input type="checkbox"/>
NAME	JOHN STALUPPI	
STREET ADDRESS	551 S MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	4524 GUN CLUB RD STE 101		
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL, 33415		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 employed 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]* **JOHN STALUPPI.** **PRESIDENT** **01/28/98** **(561) 689-0552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0321078

CR2E034 (10/97)