

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

FILED
Apr 10 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 # P97000032294 (5)
 1. Corporation Name
L.A.N., INC.



Principal Place of Business 11031 MILL POND CT JACKSONVILLE FL 32257	Mailing Address 11031 MILL POND CT JACKSONVILLE FL 32257
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8840 ATLANTIC BLVD. #1		2a. Mailing Address 26 11031 MILL POND COURT		3. Date Incorporated or Qualified 04/09/1997	
Suite, Apt. #, etc. 22 #1		Suite, Apt. #, etc.		4. FEI Number 59-3448760	
City & State 23 JACKSONVILLE, FL		City & State 28 JACKSONVILLE, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32211		Country 25 DUVAL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 32257		Country 30 DUVAL		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ETLIN, NINA 11031 MILL POND CT JACKSONVILLE FL 32257				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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]* DATE **4/6/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ETLIN, BORIS		1.2 NAME	
STREET ADDRESS 11065 PEPPERMILL LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME ALEXANDER ETLIN	
STREET ADDRESS		2.3 STREET ADDRESS 11031 MILL POND COURT	
CITY-ST-ZIP		2.4 CITY-ST-ZIP JACKSONVILLE, FL 32257	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE V/PRESIDENT SEC/TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME NINA ETLIN	
STREET ADDRESS		3.3 STREET ADDRESS 11031 MILL POND COURT	
CITY-ST-ZIP		3.4 CITY-ST-ZIP JACKSONVILLE, FL 32257	
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 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.

CR2E034 (10/97)