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Apr 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morjham, Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J76293 (6)  
1. Corporation Name  
EAST DUNE LANE CORPORATION



Principal Place of Business: % JOHN C. DOTTERER, 125 WORTH AVE. STE 310, PALM BEACH FL 33480  
Mailing Address: % JOHN C. DOTTERER, 125 WORTH AVE. STE 310, PALM BEACH FL 33480-4475

3. Date Incorporated or Qualified: 06/04/1987  
3a. Date of Last Report: 01/30/1996  
4. FEI Number: 65-0008327  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: DOTTERER, JOHN C., 125 WORTH AVENUE, STE 310, PALM BEACH FL 33480  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: P/D NAME: DONNELLY, HONORIA MURPHY STREET ADDRESS: 33 OCEAN AVE 512 CITY-ST-ZIP: PALM BEACH SHORES FL 33404	<input type="checkbox"/> DELETE	1.1 TITLE: P/D: 1.2 NAME: Donnelly, Honoria Murphy 1.3 STREET ADDRESS: 33 Ocean Ave., # 512 1.4 CITY-ST-ZIP: Palm Beach Shores, FL 33404	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DONNELLY, JOHN CHARLES STREET ADDRESS: P.O. BOX 1022 CITY-ST-ZIP: EAST HAMPTON NY 11937	<input type="checkbox"/> DELETE	2.1 TITLE: D: 2.2 NAME: Donnelly, John Charles 2.3 STREET ADDRESS: P.O. Box 1022 2.4 CITY-ST-ZIP: East Hampton, NY 11937	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: DOTTERER, JOHN C. STREET ADDRESS: 125 WORTH AVE #310 CITY-ST-ZIP: PALM BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE: S: 3.2 NAME: Dotterer, John C. 3.3 STREET ADDRESS: 125 Worth Ave., Suite 310 3.4 CITY-ST-ZIP: Palm Beach, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: TAYLOR, LAURA DONNELLY STREET ADDRESS: 716 GIBBON STREET CITY-ST-ZIP: ALEXANDRIA VA 22314	<input type="checkbox"/> DELETE	4.1 TITLE: V: 4.2 NAME: Taylor, Laura Donnelly 4.3 STREET ADDRESS: Box 1022 4.4 CITY-ST-ZIP: East Hampton, NY 11937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: DONNELLY, WILLIAM S. STREET ADDRESS: 170 OCEAN LANE DR APT 702 CITY-ST-ZIP: KEY BISCAVNE FL 33149	<input type="checkbox"/> DELETE	5.1 TITLE: V: 5.2 NAME: Donnelly, William S. 5.3 STREET ADDRESS: 630 Curtiswood Drive 5.4 CITY-ST-ZIP: Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

*This address is complete*

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]* 20 JAN 97 (561) 655-7097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer's Phone # 0335344

CR2E034 (9/96)