

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **546220** (5)
1. Corporation Name
LYONS AND SANDERS, CHARTERED



Principal Place of Business: **600 N E THIRD AVENUE FORT LAUDERDALE FL 33304**
Mailing Address: **600 N E THIRD AVENUE FORT LAUDERDALE FL 33304**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip Country 29

3. Date Incorporated or Qualified: **08/01/1977** 3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-1775474** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**SANDERS, DALE R.
600 NE THIRD AVENUE
FT. LAUDERDALE FL 33304**

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 607.0607 and 607.1506, 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 607.0607, Florida Statutes.

SIGNATURE: _____ DATE: _____
OFFICERS AND DIRECTORS: _____ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>1. NAME: VSD SANDERS, DALE R <input type="checkbox"/> DELETE</p> <p>2. STREET ADDRESS: 5471 NE 21ST TERR FT LAUD, FL 00000</p> <p>3. CITY, STATE, ZIP: DP <input type="checkbox"/> DELETE</p> <p>4. NAME: LYONS, BRUCE M <input type="checkbox"/> DELETE</p> <p>5. STREET ADDRESS: 9330 S W 10TH STREET PLANTATION, FL 00000</p> <p>6. CITY, STATE, ZIP: _____ <input type="checkbox"/> DELETE</p> <p>7. NAME: _____ <input type="checkbox"/> DELETE</p> <p>8. STREET ADDRESS: _____ <input type="checkbox"/> DELETE</p> <p>9. CITY, STATE, ZIP: _____ <input type="checkbox"/> DELETE</p> <p>10. NAME: _____ <input type="checkbox"/> DELETE</p> <p>11. STREET ADDRESS: _____ <input type="checkbox"/> DELETE</p> <p>12. CITY, STATE, ZIP: _____ <input type="checkbox"/> DELETE</p>	<p>1. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>2. NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3. STREET ADDRESS: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>4. CITY, STATE, ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>5. NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>6. STREET ADDRESS: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>7. CITY, STATE, ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>8. NAME: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>9. STREET ADDRESS: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>10. CITY, STATE, ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of this report or on an attached sheet with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

CR2E034 (12/95)