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CORPORATION
ANNUAL REPORT
1995



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

AND
FILED

95 FEB 28 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M49566** (6)

1. Corporation Name
LYONS, INC.

Principal Place of Business 1500 EAST HILLSBORO BLVD. SUITE 107 DEERFIELD BEACH FL 33441	Mailing Address 1500 EAST HILLSBORO BLVD. SUITE 107 DEERFIELD BEACH FL 33441
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/02/1987	3a. Date of Last Report 04/04/1994
4. FEI Number 59-2796229	Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 5100 N.E 31 AVE	2a. Mailing Address 26 5100 N.E 31 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State LIGHT HOUSE POINT - FLA	28 City & State LIGHT HOUSE POINT - FLA
24 Zip 33064	25 Country USA
29 Zip 33064	30 Country USA

9. Name and Address of Current Registered Agent
**LAVERNA, NAN
1500 E. HILLSBORO BLVD.
SUITE 107
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name IVAN LAVERNA
82 Street Address (P.O. Box Number is Not Acceptable) 5100 N.E 31 AVE
83
84 City LIGHT HOUSE POINT FL
85 Zip Code 33064

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 *Ivan Lavernia* DATE **2/24/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME LAVERNA, NAN
STREET ADDRESS 1500 E. HILLSBORO BLVD.	CITY - ST - ZIP DEERFIELD BEACH FL
TITLE STD	NAME JORGE, ROLANDO
STREET ADDRESS 1500 E. HILLSBORO BLVD.	CITY - ST - ZIP DEERFIELD BEACH FL
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5100 N.E 31 AVE
1.4 CITY - ST - ZIP	LIGHT HOUSE POINT FLA 33064
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2871 N.E 9 ST
2.4 CITY - ST - ZIP	Pompano Beach - FLA
3.1 TITLE	<input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated 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; 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: *Ivan Lavernia* DATE **2/24/95** **3054270151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVAN LAVERNA