

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

**FILED**

**Apr 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000059682 (0)**

1. Corporation Name  
**LION INTERNATIONAL COMPANY, INC.**



Principal Place of Business  
**50 NORTH LAURA STREET  
3400 BARNETT CENTER  
JACKSONVILLE FL 32202**

Mailing Address  
**P.O. BOX 4099  
JACKSONVILLE FL 32201-4099**

3. Date Incorporated or Qualified  
**07/17/1996**

3a. Date of Last Report

2. Principal Place of Business

4. FEI Number  
**59-3388941**

Applied For  
Not Applicable

21. State Apt #, c  
**413 Night Hawk Lane**

22. City & State  
**St. Augustine, FL 32084**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23. Zip  
**32084**

24. Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAX CO.  
50 NORTH LAURA STREET  
3400 BARNETT CENTER  
JACKSONVILLE FL 32202**

81 Name  
**Joseph C. Difato**

82 Street Address  
**413 Night Hawk Lane**

83 City  
**St. Augustine, FL 32084**

84 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 *Joseph C. Difato* DATE **3/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D/P/S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HOWARD, G A</b>		1.2 NAME <b>Difato, Joseph C.</b>	
STREET ADDRESS <b>P.O. BOX 4099</b>		1.3 STREET ADDRESS <b>413 Night Hawk Lane</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32201</b>		1.4 CITY-ST-ZIP <b>St. Augustine, FL 32084</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 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: *Joseph C. Difato* DATE: **3/22/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

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