


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90180 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000107861

1. Corporation Name
LYON & KIRWIN, P.A.



Principal Place of Business 390 N ORANGE AVENUE SUITE 2180 ORLANDO FL 32801	Mailing Address 390 N ORANGE AVENUE SUITE 2180 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 01/01/1998 **3/18/4688**

2. Principal Place of Business 21 338 W. Morse Blvd. Suite, Apt. #, etc. 22 Suite 150 City & State 23 Winter Park FL Zip Country 24 32789 25 Orange	2a. Mailing Address 26 338 W. Morse Blvd Suite, Apt. #, etc. 27 Suite 150 City & State 28 Winter Park FL Zip Country 29 32789 30 Orange
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4. FEI Number 59-34846818	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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	LYON, V. FREDERIC
STREET ADDRESS	390 N ORANGE AVENUE STE 2180
CITY-ST.-ZIP	ORLANDO FL 32801
TITLE	D <input type="checkbox"/> DELETE
NAME	KIRWIN, BRIAN P
STREET ADDRESS	390 N ORANGE AVENUE STE 2180
CITY-ST.-ZIP	ORLANDO FL 32801
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST.-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST.-ZIP	
TITLE	<input type="checkbox"/> DELETE
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	338 W. Morse Blvd. Suite 150
1.4 CITY-ST.-ZIP	Winter Park, FL 32789
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	338 W. Morse Blvd. Suite 150
2.4 CITY-ST.-ZIP	Winter Park, FL 32789
3.1 TITLE	<input 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 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, with all other like empowered.

SIGNATURE: *WF* **1/15/99** Date Daytime Phone # **7054**

CR2E034 (11/98)