

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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95 FEB 13 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P06257** (0)

1. Corporation Name  
**THE MARTY LYONS FOUNDATION, INC.**

Principal Place of Business	Mailing Address
333 EARLE OVINGTON BLVD. SUITE 600-P.O. BOX 9323 MITCHEL FIELD NY 11553-9323	333 EARLE OVINGTON BLVD. SUITE 600-P.O. BOX 9323 MITCHEL FIELD NY 11553-9323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/31/1985</b>	3a. Date of Last Report <b>01/20/1994</b>
4. FEI Number <b>13-3146696</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
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	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent  
**SHONTER, RICHARD J  
6699 90TH AVENUE NORTH  
PRIELAS PARK FL 34666**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>
B5 Zip 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 \_\_\_\_\_ 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	<b>C</b>
NAME	<b>LYONS, MARTY</b>
STREET ADDRESS	<b>333 EARLE OVINGTON BLVD., SUITE 600</b>
CITY-ST-ZIP	<b>MITCHEL FIELD NY 11553-9323</b>
TITLE	<b>P</b>
NAME	<b>GIBNEY, WILLIAM J.</b>
STREET ADDRESS	<b>401 FULTON STREET</b>
CITY-ST-ZIP	<b>WESTBURY NY</b>
TITLE	<b>V</b>
NAME	<b>GIBNEY, PATRICIA A.</b>
STREET ADDRESS	<b>401 FULTON STREET</b>
CITY-ST-ZIP	<b>WESTBURY NY</b>
TITLE	<b>T</b>
NAME	<b>KIFFEL, MARTIN</b>
STREET ADDRESS	<b>1 RUGBY ROAD</b>
CITY-ST-ZIP	<b>MANHASSET NY</b>
TITLE	<b>D</b>
NAME	<b>ZAINO, EDWARD</b>
STREET ADDRESS	<b>68 WASHINGTON AVE.</b>
CITY-ST-ZIP	<b>GARDEN CITY NY</b>
TITLE	<b>20P</b>
NAME	<b>2-13</b>
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>V, D</b>
2.2 NAME	
2.3 STREET ADDRESS	<b>388881406233</b>
2.4 CITY-ST-ZIP	<b>-02/14/95--01106--006</b>
	<b>*****61.25 *****61.25</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>P, D</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>RICHARD WAGNER</b>
5.3 STREET ADDRESS	<b>90 JACKSON AVENUE</b>
5.4 CITY-ST-ZIP	<b>ROCKVILLE CENTER NY 11570</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>S, D</b>
6.3 STREET ADDRESS	<b>LISA HAYES</b>
6.4 CITY-ST-ZIP	<b>3 FENDALE DRIVE</b>
	<b>HICKSVILLE NY 11801</b>

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **Edward Zaino** PRESIDENT **1-18-95** **516-745-8966**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone) (Area)