

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P06257** (0)

1. Corporation Name

THE MARTY LYONS FOUNDATION, INC.



Principal Place of Business 333 EARLE OVINGTON BLVD. SUITE 600-P.O. BOX 9323 MITCHEL FIELD NY 11553-9323	Mailing Address 333 EARLE OVINGTON BLVD. SUITE 600-P.O. BOX 9323 MITCHEL FIELD NY 11553-9323
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/31/1985	3a. Date of Last Report 02/07/1996
4. FEI Number 13-3146696	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	

9. Name and Address of Current Registered Agent SHONTER, RICHARD J 800 49TH ST N ST PETERSBURG FL 33733	
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10. Name and Address of New Registered Agent	
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	CD LYONS, MARTY 333 EARLE OVINGTON BLVD., SUITE 600 MITCHEL FIELD NY 11553-9323	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	VD GIBNEY, WILLIAM J. 120 CARRINGTON POINT CIRCLE PAULEYS ISLAND SC 24	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD KENNETH SCHROY 79 RUSSELL ROAD GARDEN CITY NY 11530
<input checked="" type="checkbox"/> DELETE	VD GIBNEY, PATRICIA A. 120 CARRINGTON POINT CIRCLE PAULEYS ISLAND SC 24	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD RICHARD PESCHIER 145 MAIN AVENUE SEA CLIFF NY 11579
<input type="checkbox"/> DELETE	PD KIFFEL, MARTIN 1 RUGBY ROAD MANHASSET NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD KIFFEL, MARTIN 100 HILTON AVE #614 GARDEN CITY NY 11530
<input type="checkbox"/> DELETE	TD WAGNER, RICHARD 90 JACKSON AVE. ROCKVILLE CENTRE NY 11570	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> DELETE	SD HAYES, LISA 435 WEST 57TH ST 1N NEW YORK NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SD GAIL HASE 333 EARLE OVINGTON BLVD., SUITE 600 MITCHEL FIELD NY 11553-9323

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

SIGNATURE _____

CR2E037 (9/96)