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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. 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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3. Date Incorporated or Qualified 05/31/1985	3a. Date of Last Report 02/07/1996
4. FEI Number 13-3146696	Applied For 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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SHONTER, RICHARD J
800 49TH ST N
ST PETERSBURG FL 33733**

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LYONS, MARTY	
STREET ADDRESS	333 EARLE OVINGTON BLVD., SUITE 600	
CITY-ST-ZIP	MITCHEL FIELD NY 11553-9323	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GIBNEY, WILLIAM J.	
STREET ADDRESS	120 CARRINGTON POINT CIRCLE	
CITY-ST-ZIP	PAULEYS ISLAND SC 24	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GIBNEY, PATRICIA A.	
STREET ADDRESS	120 CARRINGTON POINT CIRCLE	
CITY-ST-ZIP	PAWLEYS ISLAND SC 24	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIFFEL, MARTIN	
STREET ADDRESS	1 RUGBY ROAD	
CITY-ST-ZIP	MANHASSET NY	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WAGNER, RICHARD	
STREET ADDRESS	90 JACKSON AVE.	
CITY-ST-ZIP	ROCKVILLE CENTRE NY 11570	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, LISA	
STREET ADDRESS	435 WEST 57TH ST 1N	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD KENNETH SCHROY
2.3 STREET ADDRESS	79 RUSSELL ROAD
2.4 CITY-ST-ZIP	GARDEN CITY NY 11530
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD RICHARD PESCHER
3.3 STREET ADDRESS	145 MAIN AVENUE
3.4 CITY-ST-ZIP	56A CLIFF NY 11579
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD KIFFEL, MARTIN
4.3 STREET ADDRESS	100 HILTON AVE #614
4.4 CITY-ST-ZIP	GARDEN CITY NY 11530
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SD GAIL HAASE
6.3 STREET ADDRESS	333 EARLE OVINGTON BLVD., SUITE 600
6.4 CITY-ST-ZIP	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)