


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

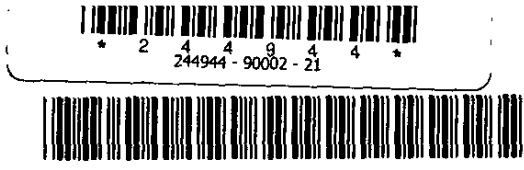
03-22-1999 90002 021 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # P06257**

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
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>05/31/1985</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>13-3146696</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>DYMTRON</b> <b>DYMTRON, JAMES</b> <b>3142 SHORELINE DR</b> <b>CLEARWATER FL 33760</b>	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 <b>FL</b>
--	---

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.

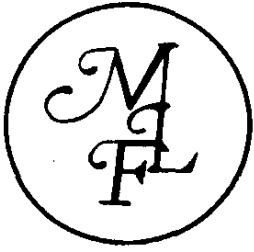
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE <b>LYONS, MARTY</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>333 EARLE OVINGTON BLVD., SUITE 600</b>	1.2 NAME	
STREET ADDRESS	<b>MITCHEL FIELD NY 11553-9323</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE <b>SCHROY, KENNETH</b>	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>79 RUSSELL RD</b>	2.2 NAME	
STREET ADDRESS	<b>GARDEN CITY NY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>11530</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE <b>PECHEUR, RICHARD</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>145 MAIN AVE.</b>	3.2 NAME	
STREET ADDRESS	<b>SEA CLIFF NY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE <b>KIFFEL, MARTIN</b>	4.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>100 HILTON AVE., #614</b>	4.2 NAME	
STREET ADDRESS	<b>GARDEN CITY NY</b>	4.3 STREET ADDRESS <b>9 EAST GATE LANE</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>OLD FIELD NY 11733</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE <b>WAGNER, RICHARD</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>90 JACKSON AVE.</b>	5.2 NAME	
STREET ADDRESS	<b>ROCKVILLE CENTRE NY 11570</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE <b>HAASE, GAIL</b>	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>333 EARLE OVINGTON BLVD., STE. 600</b>	6.2 NAME	
STREET ADDRESS	<b>MITCHEL FIELD NY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>11553-9323</b>	

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 617, 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: Katherine Harris **RECEIVED KIFFEL** 12/31/98 516-745-8898  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)



THE  
Marty Lyons Foundation, Inc.

244 944-9000 2-21  
POB 257

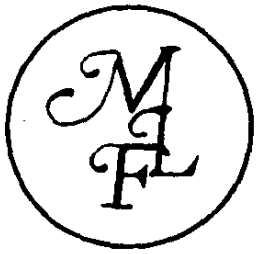
D  
BERKOW, CINDY  
20 GENTRY DRIVE  
ENGLEWOOD, NJ 07631

D  
BLANSFIELD, JOHN R., JR.  
24 RIDGE ROAD  
EAST WILLISTON, NY 11596

D  
DAVICINO, L. MICHAEL  
73 MARVIN LANE  
COMMACK, NY 11725-3929

D  
DE FRANZA, JOHN  
c/o FLEET BANK  
300 BROADHOLLOW ROAD  
MELVILLE, NY 11747

D  
DESIDERIO, JERRY  
7734 THORNLEE DRIVE  
LAKE WORTH, FL 33467



THE  
Marty Lyons Foundation, Inc.

2449449002-21  
P06257

D  
DuPRE, EDWARD  
7 STRONG AVENUE  
BABYLON, NY 11702

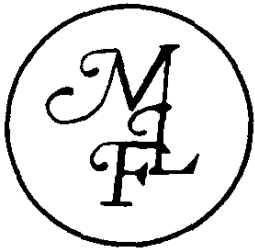
D  
DYNIAW, JAMES  
3142 STORELINE DRIVE  
CLEARWATER, FL 34620

D  
FITZGERALD, THOMAS  
3945 EVE DRIVE  
SEAFORD, NY 11783

D  
GARVIN, KEVIN  
139 NEWTOWN AVENUE  
NORWALK, CT 06851

D  
GAUDIO, JOHN R.  
29 ELLEN PLACE  
KINGS PARK, NY 11754

244944-90002-2  
P06257



THE  
Marty Lyons Foundation, Inc.

D  
GIBNEY, PATRIZIA  
55 LUPTON LANE  
PAWLEYS ISLAND, SC 29585

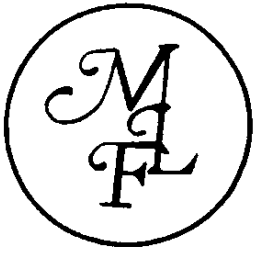
D  
GIBNEY, WILLIAM  
55 LUPTON LANE  
PAWLEYS ISLAND, SC 29585

D  
GREEN, MARILYN MCGARRY  
43 EAST GRAMERY PLACE  
GLEN ROCK, NJ 07452

D  
HACHEM, GUS  
2035 SOUTH KIRKMAN ROAD  
SUITE 116  
ORLANDO, FL 32811

D  
KAUFMAN, MICHAEL  
KAUFMAN, ET AL  
390 N. BROADWAY  
TEANECK, NJ 07627

244944-9002-21  
PO 6257



THE  
Marty Lyons Foundation, Inc.

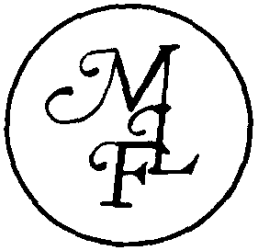
D  
KIFFEL, JOHN  
123 KILDARE ROAD  
GARDEN CITY, NY 11538

D  
LYONS, PHILIP  
1425 LANIER BOULEVARD  
BRUNSWICK, GA 31520

D  
MCKAY, BONNIE  
110 NANCY BOULEVARD  
MIDDLETOWN, NY 17057

D  
MARTIN, JOHN J.  
1391 RHODE AVENUE  
MERRICK, NY 11566

244944-9002-21  
POB 257



THE  
Marty Lyons Foundation, Inc.

D MICHALEWICZ, PETER  
3305 255TH STREET  
LITTLE NECK, NY 11363

D MILLER, RICHARD  
MILLER & SKUBIK  
1 SUFFOLK SQUARE  
SUITE 520  
ISLANDIA, NY 11722

D MORSE, SHERAIL  
79 BENNETT STREET  
HUDSON, MA 01749

D POOLE, STEPHAN  
HALLON CONSTRUCTION  
4270 AUSTIN BOULEVARD  
ISLAND PARK, NY 11558

244944-90002-21

P06257



THE  
Marty Lyons Foundation, Inc.

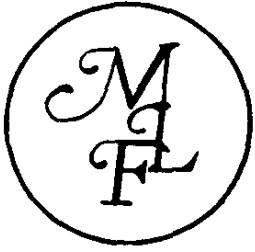
D) ROBE, KATHLEEN  
2482 YORK STREET  
EAST MEADOW, NY 11550

D) ROSA, ULRICH J.  
300 EAST DEVONIA AVENUE  
MOUNT VERNON, NY 10552

D) TOPOV, ROBIN  
SAMUEL FIED / BAY TERRACE YM & YWHA  
5820 LITTLE NECK PARKWAY  
LITTLE NECK, NY 11362

D) VOMERO, DR. ERNEST  
175 EAST MAIN STREET  
HUNTINGTON, NY 11743

244944-900221  
P06257



THE  
Marty Lyons Foundation, Inc.

D  
ZAINO, DR. EDWARD  
68 WASHINGTON AVENUE  
GARDEN CITY, NY 11530