

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Aug 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 542964 1. Corporation Name Lyon's Auto Parts, Inc.			
Principal Place of Business 6726 Pembroke Road Pembroke Pines, FL 33023		Mailing Address DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 3200 N. Federal Hwy. Suite, Apt. #, etc. 22 Suite 221A(215) City & State 23 Boca Raton, FL Zip Country 24 33431 25 PalmBeach 26		2a. Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country 30	
3. Date Incorporated or Qualified 08/15/1997		4. FEI Number 59-1764349 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Lyon, John M. III 6726 Pembroke Road Pembroke Pines, FL 33023		10. Name and Address of New Registered Agent 81 Name John Fadden 82 Street Address (P.O. Box Number is Not Acceptable) 3200 N. Federal Hwy 83 Suite 221A(215) 84 City Boca Raton, FL 85 FL 86 Zip Code 33431	
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 <i>John Fadden</i> 8/19/98 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME <input checked="" type="checkbox"/> DELETE PS Lyon, John M. III STREET ADDRESS 6726 Pembroke Road CITY - ST - ZIP Pembroke Pine, FL 33023 TITLE NAME <input checked="" type="checkbox"/> DELETE VPT Lyon, Carla STREET ADDRESS 6726 Pembroke Road CITY - ST - ZIP Pembroke Pines, FL 33023 TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY - ST - ZIP TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY - ST - ZIP TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY - ST - ZIP TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY - ST - ZIP		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 type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME John Fadden 3.3 STREET ADDRESS 3200 N. Federal Hwy - STE 221-A 3.4 CITY - ST - ZIP Boca Raton, FL 33431 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 500002825058 5.4 CITY - ST - ZIP -08/26/98--01026--002 ***550.00 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. SIGNATURE: <i>John Fadden</i> 8/17/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/97)