

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 578203 (2)

1. Corporation Name  
THE LION'S DEN, INC.



Principal Place of Business  
VILLA SANTINI PLAZA  
ESTERO BLVD. SUITE 34  
FORT MYERS BEACH FL 33931

Mailing Address  
7205 ESTERO BLVD  
STE 34  
FORT MYERS BEACH FL 33931  
US

3. Date Incorporated or Qualified 07/11/1978  
3a. Date of Last Report 03/17/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1992758	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

DONOVAN, JOHN E.  
369 BONORA BLVD.  
FT. MYERS BCH. FL 33931

10. Name and Address of New Registered Agent

B1. Name	Donovan, John E.
B2. Street Address (P.O. Box Number is Not Acceptable)	5391 Palmetto St.
B3.	
B4. City	Ft. Myers Bch
FL	85. Zip Code
	33931

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

Signature of officer or director of registered agent and fee. If applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

3/11/96

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input checked="" type="checkbox"/> DELETE
2. NAME	DONOVAN, FRANCES K.	
3. STREET ADDRESS	152 BAYMAR DR.	
4. CITY - ST - ZIP	FORT MYERS BCH FL	
5. TITLE	D	<input checked="" type="checkbox"/> DELETE
6. NAME	DONOVAN, JOHN E.	
7. STREET ADDRESS	369 DONORA BLVD.	
8. CITY - ST - ZIP	FT. MYERS BCH. FL	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	Donovan John E.
2.4 CITY - ST - ZIP	5391 Palmetto St.
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	Ft. Myers Bch FL 33931
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	
5.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

Date

941 463-3442

Daytime Phone #

CR2E034 (12/95)