FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K66584

1. Corporation Name
Phyllis H. Lyons Inc.

Principal Place of Business
4170 Oak Circle
Boca Raton FL 33431

Mailing Address
2824 Banyan Blvd. Cir
Boca Raton FL 33431-6313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2-17-89
3a. Date of Last Report: 4-25-95
4. FEI Number: 65-0099518 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Phyllis H. Lyons
82 Street Address (P.O. Box Number is Not Acceptable): 2824 Banyan Blvd. Cir
83
84 City: Boca Raton FL 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 607.0505 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: Phyllis H. Lyons 4/30/96

12. OFFICERS AND DIRECTORS

TITLE	Pres.
NAME	Phyllis H. Lyons
STREET ADDRESS	2824 Banyan Blvd. Cir
CITY-ST-ZIP	Boca Raton FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change [ ] Addition
2 NAME	
3 STREET ADDRESS	
4 CITY-ST-ZIP	
2 TITLE	[ ] Change [ ] Addition
2 NAME	
2 STREET ADDRESS	
2 CITY-ST-ZIP	
3 TITLE	[ ] Change [ ] Addition
3 NAME	
3 STREET ADDRESS	
3 CITY-ST-ZIP	
4 TITLE	[ ] Change [ ] Addition
4 NAME	
4 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	[ ] Change [ ] Addition
5 NAME	
5 STREET ADDRESS	
5 CITY-ST-ZIP	
6 TITLE	[ ] Change [ ] Addition
6 NAME	
6 STREET ADDRESS	
6 CITY-ST-ZIP	

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***200.00

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)(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 added by this amendment with an address.

SIGNATURE: Phyllis H. Lyons 4/30/96 (407) 447-9155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR