

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K89034 (8)
 1. Corporation Name
LYON REALTY, INC.



Principal Place of Business % HERBERT A. BRIGGS, III 3700 BATTERSEA ROAD MIAMI FL 33133	Mailing Address % HERBERT A. BRIGGS, III 3700 BATTERSEA ROAD MIAMI FL 33133-6702
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/17/1989	3a. Date of Last Report 01/25/1996
4. FEI Number 65-0122483	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BRIGGS, HERBERT A., III
3700 BATTERSEA ROAD
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name **Briggs, Nancy K.**
82 Street Address (P.O. Box Number is Not Acceptable)
3700 Battersea Road
83
84 City **Miami, FL** **85** Zip Code **33133**

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 *Nancy K. Briggs* **Nancy K. Briggs** **4-28-97**
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	DPST	<input checked="" type="checkbox"/> DELETE
NAME	BRIGGS, HERBERT A., III	Deceased
STREET ADDRESS	3700 BATTERSEA RD.	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FINCH, ERIN E	
STREET ADDRESS	1650 BARNES MILL RD APT 1622	
CITY-ST-ZIP	MARIETTA GA 30062	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRIGGS, NANCY K	
STREET ADDRESS	3700 BATTERSEA RD	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Briggs, Nancy K.	
3.3 STREET ADDRESS	3700 BATTERSEA RD	
3.4 CITY-ST-ZIP	MIAMI, FL 33133	
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 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: *Nancy K. Briggs* **Nancy K. Briggs** **4-28-97** **305-665-0750**

CR2E034 (9/96)