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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPURATIONS

1997

DOCUMENT # K92810 (6) LION DEVELOPMENT CORPORATION					
Principal Place 6330 RIDGE TO 6645 RIDGE RO NEW PORT RIC	P DR DAD SUITE ONE	Mailing Address 6330 RIDGE TOP DR 6845 RIDGE ROAD SUITE ON NEW PORT RICHEY FL 34655		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PADRI DIDIT BEBAY DEPAY DIDIL BIDIT POLI
US		US	. •	3. Date incorporated or Qualified 06/02/1989	3a. Date of Last Report 07/25/1996
·····	ace of Business	2s. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. elc.	Suite, Apt. #, etc.		59-2954666	Not Applicable \$8.75 Additional
22	P. C. Will	27		5. Certificate of Status Desired	Fee Required
City & State	(1	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
24	25	29 3			Yes Alpho
	9. Name and Address of Currer	nt Registered Agent	4	10. Name and Address of New Re	sistered Agent
GOV	IZALES, DARAYJ	WAYNG CORD	いぶ アニ	Develop	tom Col.
9330 6000	PIOGE TOP OF	6330 Ridge	Street Ad	does (P.O. Box Number is Not Acceptate	ie) An
MEN	E 106 LIPORT RICHEY FL 34665	No.	. 63	330 relagerop	<u> </u>
יישיי	pronunciación de significación	rew tone Ric	4		
	SAME	45 - 34655	FE 84 City N	lew for Richar	FL 85 7 Code
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 Elorida 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, typed or printed name of registered ag-		AVNE P. Co Registered Agent signature rec		4-14-4 DATE
12.	, <u>.</u>	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	CORBELL, WAYNE D., SR.	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	6330 RIGETOP DR.		1.2 NAME 1.3 STREET ADDRESS		
City-St-zif	NEW PORT RICHEY FL		1.4 City-St-Zip		
TITLE		DELETE	2.1 TITLE		. Change Addition
NAME			2.2 NAME		`
STREET ADDRESS			2.3 STREET ADDRESS	· ·	İ
CITY - S1 - ZIP			2. 4 CITY - ST - ZIP	·	
TITLE	l	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		į
STREET ADDRESS			33 STREET ADDRESS		į
CITY-ST-7IP ETLE		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME		- A PARTIE	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		,)
TITLE		☐ DELETE	5.1 TITLE		ange Addition
NAME			5.2 NAME		th. il and on
STREET ADDRESS			5.3 STREET ADDRESS		(11)41/10/13 1
CITY-ST-ZP			54 C(TY-ST-ZIP		
TITLE.		☐ DELETE	61 TITLE		☐ filerige
NAME			6.2 NAME	,	
STREET ADORESS			6.3 STREET ADDRESS	BX Dep# 16500_	1
CITY-ST-ZIP			6.4 CITY-ST-ZIP	OK 169"-	a I further portify that the

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

Apr 22 1997 8:00am

Secretary of State