

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JAN 17 PM 12:05

**DOCUMENT # M35663 (7)**  
1. Corporation Name  
**S.A. LYONS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**7000 NW 74 AVE      7000 NW 74 AVE**  
**MIAMI FL 33166      MIAMI FL 33166**

3. Date incorporated or Qualified <b>07/23/1986</b>	3a. Date of Last Report <b>01/20/1994</b>
4. FEI Number <b>59-2697400</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State, Apt. #, etc.	2a. Mailing Address 26. State, Apt. #, etc.
22. City & State	27. City & State
24. Zip	25. Country

9. Name and Address of Current Registered Agent <b>LYONS, SCOTT 7000 NW 74TH AVE MIAMI FL 33166</b>				10. Name and Address of New Registered Agent	
B1 Name					
B2 Street Address (P.O. Box Number is Not Acceptable)					
B3					
B4 City				<b>FL</b>	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0903 and 607.1503B, 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 Sections 607.0903, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICER, FEI, AND DIRECTOR LIST	
NAME	PSD LYONS, SCOTT A. 7000 NW 74TH AVE. MIAMI FL	FEI NUMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TV LYONS, CAROL 7000 NW 74TH AVE MIAMI FL	FEI NUMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		FEI NUMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		FEI NUMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		FEI NUMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		FEI NUMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		FEI NUMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		FEI NUMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		FEI NUMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		FEI NUMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		FEI NUMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		FEI NUMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I certify that the individuals named with the foregoing authority, transfer listed, and/or equally for this filing have obtained from the Florida Department of State a written certificate that their names have been added to the current report or supplemental annual report. I have read the rules and regulations and that my signature on this form is a true and correct statement of the facts and that my signature on this form is a true and correct statement of the facts and that my signature on this form is a true and correct statement of the facts and that my signature on this form is a true and correct statement of the facts.

SIGNATURE: *Scott Lyons, President* **SCOTT A LYONS 1/11/95 305-888-9646**