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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004204 (2)

1. Corporation Name

LYONS POINTE, INC.



Principal Place of Business	Mailing Address
23125 SW 61ST AVENUE BOCA RATON FL 33142	23125 SW 61ST AVENUE BOCA RATON FL 33142

3. Date Incorporated or Qualified	08/31/1995
4. FEI Number	65-0614507
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 9298 SW 16 Rd, West	26 9298 SW 16 Rd, West
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Boca Raton, Florida	28 City & State Boca Raton, Florida
24 Zip 33428	29 Zip 33428
25 Country USA	30 Country USA

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
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
VISSING, WILLIAM R 23125 SW 61ST AVENUE BOCA RATON FL 33142	

10. Name and Address of New Registered Agent	
81 Name	James M. Schober
82 Street Address (P.O. Box Number is Not Acceptable)	9298 SW 16 Rd, West
83	
84 City	Boca Raton
85 State	FL
86 Zip Code	33428

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE James M. Schober - President 5/1/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	VISSING, WILLIAM R	1.2 NAME	Schober, James M
STREET ADDRESS	23125 SW 61ST AVE	1.3 STREET ADDRESS	9298 SW 16 Rd, West
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	VP	2.1 TITLE	VP
NAME	SANACORE, AUGELLO M	2.2 NAME	Tozzo, Frank
STREET ADDRESS	23097 SW 59TH WAY	2.3 STREET ADDRESS	9293 SW 16 Rd, West
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	SD	3.1 TITLE	
NAME	SCUDERI, LISA A	3.2 NAME	
STREET ADDRESS	23166 SW 61ST AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD
NAME	LAWLESS, KAY K	4.2 NAME	Uline, Mark
STREET ADDRESS	9251 SW 16TH ST	4.3 STREET ADDRESS	9298 SW 16 Rd, West
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James M. Schober

CR2E037 (10/97)