

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90009 036 \*\*\*\*61.25

**DOCUMENT # N95000004204**

1. Corporation Name

**LYONS POINTE, INC.**

Principal Place of Business

9298 SW 16 RD W  
BOCA RATON FL 33428  
US

Mailing Address

9298 SW 16 RD W  
BOCA RATON FL 33428  
US



2. Principal Place of Business

21 9298 SW 16 RD, W.

Suite, Apt. #, etc.

23 Boca Raton, FL

24 33428 25 USA

2a. Mailing Address

26 9298 SW 16 RD, W.

Suite, Apt. #, etc.

28 Boca Raton, FL

29 33428 30 USA

3. Date Incorporated or Qualified

08/31/1995

4. FEI Number

65-0614507

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

9. Name and Address of Current Registered Agent

SCHOBER, J M  
9298 SW 16 RD W  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 PD  
NAME SCHOBER, J M  
STREET ADDRESS 9298 SW 16 RD, W  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE VP  
NAME TOZZO, F  
STREET ADDRESS 9293 SW 16 RD, W  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE SD  
NAME SCUDERI, LISA A  
STREET ADDRESS 23166 SW 61ST AVE  
CITY-ST-ZIP BOCA RATON FL

TITLE TD  
NAME ULINE, M  
STREET ADDRESS 9298 SW 16 RD, W  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/99

Date

Daytime Phone #

CR2E037 (5/99)