FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

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FILED Apr 20 1998 8:00am Secretary of State

LION E	EAND BOOSTERS, INC.	Mailing Address	-,		
0000 0004 04	Daur	ARCA DOCA DIO DOIVE			
B266 BOCA RIO DRIVE BOCA RATON FL 33433 BOCA RATON FL 33433			3. Date incorporated or Qualified 11/04/1996		
				4. FEI Number	Applied For
2 Principal P	lace of Business	2a. Mailing Address		NOT APPLICABLE	Not Applicable
21 2010 Suite, Apt.	21 Lyons Rd.		ions Rd.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	w, 616.	27		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	e 0 1	City & State	· · · · · ·	7. Is this nonprofit corporation a homeowners	
23 (5000		28 Bora Rat		☐ Yes D	S/No
Zip 34	34 25 PalmBeach	20 20 20 20 20 20 20 20 20 20 20 20 20 2	Sountry	8. This corporation owes or has paid the curr	
24 > > >	9. Name and Address of Current		30 KalmBea	Personal Property Tax due June 30. 10. Name and Address of New Registered A	
			81 Name		
GABRIELSEN, BRIAN R. 82 Stree				Address (P.O. Box Number is Not Acceptable)	
8266 BOCA RIO DRIVE					
BOCA RATON FL 33433			83		
			84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 617 0502	and 617 1508 Florida State	ites the shove-named	Corporation submits this statement for the purpose of	changing its registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was	authorized by the corp	oration's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	in familiar with, and accept the obligat	lions of, Section 617.0505, i	Torida Statoles.		
	Signature, typed or printed name of registered agent		TE: Registered Agent signature		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change
TITLE	d Gabrielsen, Brian R.		1.1 TITLE 1.2 NAME		Cusufe - Nonline
STREET ADDRESS	8266 BOCA RIO DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 City-St-ZiP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	ADAMS, LAURA		2.2 NAME		
STREET ADDRESS	11654 SPRING FLOWER PLAC	E	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY - ST - ZIP	- 12°	NA A
TITLE	D D	⊠ DELETE	3.1 TITLE		Change Addition
NAME	GEROW, JEFFREY S.	T 000 D	3.2 NAME	Brooks, Laura F. 18188 1815+ Circle South	_
STREET ADDRESS CITY-ST-ZIP	4800 N. FEDERAL HWY., SUITI BOCA RATON FL 33431	E 300·B	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	18188 1815 Circle 3349	. d
TITLE	BOOK PATON PE 33431	DELETE	4.1 TITLE	BOCKE RANGE PC 331	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		The server	5.4 CITY-ST-ZIP		Change Addition
TALE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

361-997-2299