

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P06257 (0)
1. Corporation Name
THE MARTY LYONS FOUNDATION, INC.



Principal Place of Business Mailing Address
**333 EARLE OVINGTON BLVD.
SUITE 600-P.O. BOX 9323
MITCHEL FIELD NY 11553-9323**

3. Date Incorporated or Qualified **05/31/1985** 3a. Date of Last Report **02/13/1995**
4. FEI Number **13-3146696** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**SHONTER, RICHARD J
6699 90TH AVENUE NORTH
PINELLAS PARK FL 34666**

10. Name and Address of New Registered Agent
81 Name **Shonter, Richard J**
82 Street Address (P.O. Box Number is Not Acceptable) **800 49th Street N**
83
84 City **St. Petersburg** FL 85 Zip Code **33733**

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 617.0502, Florida Statutes.
SIGNATURE *Richard J Shonter* DATE **1/22/96**

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
CD LYONS, MARTY 333 EARLE OVINGTON BLVD., SUITE 600 MITCHEL FIELD NY 11553-9323
VD GIBNEY, WILLIAM J. 401 FULTON STREET WESTBURY NY
VD GIBNEY, PATRICIA A. 401 FULTON STREET WESTBURY NY
PD KIFFEL, MARTIN 1 RUGBY ROAD MANHASSET NY
TD WAGNER, RICHARD 90 JACKSON AVE. ROCKVILLE CENTRE NY 11570
SD HAYES, LISA 3 FERNDAL DR. HICKSVILLE NY 11801

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 Change Addition
2.2 NAME **Gibney, William**
2.3 STREET ADDRESS **120 CARRINGTON POINT CIRCLE**
2.4 CITY-ST-ZIP **Pawleys Island, SC 29585-5624**
3.1 TITLE Change Addition
3.2 NAME **Gibney, Patricia A.**
3.3 STREET ADDRESS **120 CARRINGTON POINT CIRCLE**
3.4 CITY-ST-ZIP **Pawleys Island, SC 29585-5624**
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME **Hayes, Lisa**
6.3 STREET ADDRESS **435 West 57th Street #2N**
6.4 CITY-ST-ZIP **NEW YORK NY 10019**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Martin Kiffel* **MARTIN KIFFEL, PRESIDENT 1-17-96** 1-800-232-7887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)