

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P06257 (0)**  
 1. Corporation Name  
**THE MARTY LYONS FOUNDATION, INC.**

Principal Place of Business <b>333 EARLE OVINGTON BLVD.                  SUITE 600-P.O. BOX 9323                  MITCHEL FIELD NY 11553-9323</b>	Mailing Address <b>333 EARLE OVINGTON BLVD.                  SUITE 600-P.O. BOX 9323                  MITCHEL FIELD NY 11553-9323</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	30 Country

3. Date Incorporated or Qualified <b>05/31/1985</b>		
4. FEI Number <b>13-3146696</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**SHONTER, RICHARD J  
 800 49TH ST N  
 ST PETERSBURG FL 33733**

10. Name and Address of New Registered Agent

81 Name	<b>JAMES DYMTRON</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3142 SHONLINE DRIVE</b>
83	
84 City	<b>CLEARWATER FL</b>
85 Zip Code	<b>33760</b>

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, MARTY	1.2 NAME	
STREET ADDRESS	333 EARLE OVINGTON BLVD., SUITE 600	1.3 STREET ADDRESS	
CITY-ST-ZIP	MITCHEL FIELD NY 11553-9323	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROY, KENNETH	2.2 NAME	
STREET ADDRESS	79 RUSSELL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECHEUR, RICHARD	3.2 NAME	
STREET ADDRESS	145 MAIN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEA CLIFF NY	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIFFEL, MARTIN	4.2 NAME	
STREET ADDRESS	100 HILTON AVE., #614	4.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY NY	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, RICHARD	5.2 NAME	
STREET ADDRESS	90 JACKSON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE CENTRE NY 11570	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAASE, GAIL	6.2 NAME	
STREET ADDRESS	333 EARLE OVINGTON BLVD., STE. 600	6.3 STREET ADDRESS	
CITY-ST-ZIP	MITCHEL FIELD NY	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 *[Signature]* **REQUIRE** 1/5/98 1-800-232-7887

CR2E037 (10/97)