

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PH 4:02

DOCUMENT # P94000047156 (2)

1. Corporation Name

MARTIN W. LYONS, P.A.

Principal Place of Business

9272 VISTA DEL LAGO
BOCA RATON FL 33428

Mailing Address

9272 VISTA DEL LAGO
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/09/1994

3a. Date of Last Report

First Filing

4. FEI Number

☒ 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

21 21724 AFRIBA

2a. Mailing Address

26 21724 AFRIBA

Suite, Apt. #, etc.

22 Apt 36-c Real

Suite, Apt. #, etc.

27 Apt 36c Real

City & State

23 Boca Raton FL

City & State

28 Boca Raton FL

Zip

24 33433

Country

25 PB

Zip

29 33433

Country

30 PB

9. Name and Address of Current Registered Agent

LYONS, MARTIN W
9272 VISTA DEL LAGO
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 21724 AFRIBA Real #36c

84 City

85 Boca Raton

FL

86 Zip Code

33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Martin W. Lyons

(NOTE: Registered Agent signature required when reappointing)

3/13/95

12. OFFICERS AND DIRECTORS

TITLE D
NAME LYONS, MARTIN W
STREET ADDRESS 9272 VISTA DEL LAGO
CITY-ST-ZIP BOCA RATON FL 33428

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE:

Martin W. Lyons

(Title)

Daytime Phone #