FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400089742 (8)

LYON GENERAL ENT. INC.

*							
Principal Place of Business Mailing Address				- 4 198111801 110 10144 81811 88111 89111	BAIRT IRAIG FAIRT FARI	i 81818 (181 681	
7131 SHERIDAN ST 7131 SHERIDAN ST HOLLYWOOD FL 33024-3726			'26				
					3. Date Incorporated or Qualified 12/09/1994	3a. Date of L 03/04/19	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0535941		Not Applicable
22 Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7	75 Additional se Required
City & State 23 Zip	е	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
	Country	Zφ	Country		8. This corporation has liability for it		der s. 199.032,
24	25 29 30		30		Florida Statutes		
<u> </u>	9, Name and Address of Curr	rent Registered Agent			10. Name and Address of New Reg	Istered Agent	
	A ROSA, FELIX		81 N	ame			
7131 SHERIDAN ST			82 S	reet Addre	ddress (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33024			ļ			· · · · · · · · · · · · · · · · · · ·	
			83				
	•		84 C	ity		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the above-na	med corpo	oration submits this statement for the proofs board of directors. I hereby accep	rpose of chang	ing its registered
agent la	im familiar with, and accept the obl	ligations of, Section 607.0505, FI	orida Statutes.	; corporation	orts board or directors, i hereby accep	t the appointmen	ili as registered
SIGNATURE		•					
74.4	Signature, typed or printed name of registered		E: Registered Agent sig	gnature require		DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	OBLA ROSA, FELIX	☐ DELE1E	1.1 TITLE	- 1		∟ Cha	ange LJ Addition
NAME	7131 SHERIDAN ST		1.2 NAME				
STREET ADDRESS	HOLLYWOOD FL 33024		1.3 STREET ADD				
CITY-ST-ZIP	HOLLINOOD FL 03024	- Ontic	1.4 CITY - ST - ZII	·			
TITLE		☐ DELETE	2.1 TITLE	{		L Cha	ange [] Addition
ÎNAME			2.2 NAME				
STREET ADDRESS	•		2.3 STREET ADD	1			
CITY-ST-ZIP		I profite	2. 4 CITY - ST - Z	P			
TITLE		☐ DELETE	3.1 TITLE			L Cha	ange L Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADD				
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZI	Р —			ongo I taldillon
THE		F"1 DEEG IF	4.1 TITLE			☐ Cha	ange L Addition
NAME			4. 2 NAME				
STREET ADDRESS			4 3 STREET ADD				
TITLE		DELETE	4.4 C(TY - ST - Z))	·		Cha	ange Addition
t		FT DEFFE	5.1 TITLE			UN	wêe □ Wodingii
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD	- 1			
CITY-ST-ZIP		DC: C1C	5.4 CHY- ST - ZIF	<u> </u>			anga Addition
TITLE	•	☐ DELEJE	6.1 TITLE			∟ Cha	ange
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADD	RESS			

6.4 CITY - \$1 - ZIP I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

FILED

Jun 11 1997 8:00am

Secretary of State

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