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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086929 (3)

LION CA	APITAL CORP.								
Principal Place	Mailing Address 4875 OXFORD WAY	•			a inusiona ilia sololi delli deblet dolet dolet	'TL MATER MATER BILLIN 1817A	} 11010 POP1 LUD!		
BOCA RATON FL 33434 BOCA RATON FL 33434-5325			325		1				
						3. Date Incorporated or Qualified 11/13/1995	3a. Date of La 03/14/199		
2. Principal Place of Business 21 2255 GLADES ROAD 22 2255 GLADES			C DOA	n		4. FEI Number 65-0626760	ļ	Applied For	
Suite, Apt.			2255 GLADES ROAD Suite, Apt. #, etc.				SR 7	Not Applicable 75 Additional	
SUITE		SUITE 321A	SUITE 321A			5. Certificate of Status Desired		e Required	
City & State City & State						Election Campaign Financing \$5.00 May Be			
23 BOCA		28 BOCA RATON	FL Count			Trust Fund Contribution		ded to Fees	
Zip 24 33431	Country 25	Zip 29 33431	30	У	ĺ	8. This corporation has fiability for Florida Statutes	intangible tax und ☐ Yes ☐ No	er s. 199.032.	
24 33431	g. Name and Address of Cur.		1301			10. Name and Address of New Re			
BAG	SDASARIAN, RICHARD C ESQ	•	8	Name					
1800 CORPORATE BOULEVARD			8	2 Street	Addres	s (P.O. Box Number is Not Accepta	ble)		
SUITE 302			8	•					
BUL	CA RATON FL 33431			3					
				City			FL 85	Zip Code	
11. Pursuant office or reagent La	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accout the ob	1502 and 607.1508, Florida Statut ale of Florida. Such change was a ligations of Section 607.0505, Florida	es, the abo authorized to orida Statut	ve-named by the corp	corpora poration	ation submits this statement for the 's board of directors. I hereby acce	purpose of changing the appointment	ng its registered It as registered	
SIGNATURE	Signature, typed or ported name of registered					when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
THILE	PSD DELETE		1.1 TITLE	1.1 TIFLE			X Char	nge 🔲 Addition	
NAME	KEVORKIAN, DEBORAH AN 4875 OXFORD WAY	N	1.2 NAM					ļ	
STREET ADDRESS	BOCA RATON FL 33434			ET ADORESS		5 GLADES ROAD S'			
CITY-SY-ZIP TITLE	DELETE		_	14 CITY-ST-ZIP T		A RATON, FLA. 3	3431 Char	nge	
NAME			2.2 NAM		Ì				
STREET ADDRESS			2.3 STRE	ET ADDRESS	<u> </u>			l	
CITY-ST-ZIP			2 4 CITY	-ST-ZIP			······································	· · · · · · · · · · · · · · · · · · ·	
TITLE			3.1 TITLE				Char	nge [] Addition	
NAME			3.2 NAM						
STAELT ADDRESS			3.4. CITY	ET ADDRESS				٠	
CITY - ST - ZIP			4.1 TITLE		 		Char	nge Addition	
NAME			4 2 NAM	E					
STREET ADDRESS			4.3 STRE	et address				1	
CITY-ST-ZIP			4.4 CITY	- ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Chai	nge 🔲 Addition	
NAME			5.2 NAM						
STREET ADDRESS				ET ADDRESS	1				
CITY-ST-7IP TITLE		DELETE	5.4 CITY 6.1 TITLE		 		Char	nge DAddition	
NAME		ماديد وبي	6.2 NAM					-g- <u>Lus</u> - rau(1071	

63 STREET ADDRESS

14. If 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 of supplied entitle 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 domogration or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13/if phaged; or on an attackment with an address.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/16/97

(561) 912-9620

FILED

Jan 27 1997 8:00am

Secretary of State

laytime Phone #