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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT # P950	00086929	(3)						
LION C	APITAL CORP.								
Principal Plac	e of Business	Mailing Address							)
4875 OXFORD WAY BOCA RATON FL 33434		4875 OXFORD WAY BOCA RATON FL 33434				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
O Dela sia at D	Ness of Company	Do Mailing Address			11/13/1995 4. FEI Number Applied For				
<del></del>	Place of Business	2a. Mailing Address				1	Applied For		
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			<del></del>	65-0626760	Not Applicable  \$8.75 Additional		
22	#, <b>0</b> 10.	27	<u> </u>			5. Certificate of Status Desired Fee Required			
City & State		City & Stat	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
Zip <b>24</b> ]	Country 25	Zip 29	30	Country		This corporation owes or has paid the Personal Property Tax due June 30.	Yes	; _ <u>_</u>	ngible No
	9. Name and Address of Cu	irrent Registered Agen	t			10. Name and Address of New Registers	d Agent	<u> </u>	
BAGDASARIAN, RICHARD C ESQ. 1800 CORPORATE BOULEVARD SUITE 302				81	Name Street Ad	dress (P.O. Box Number is Not Acceptable)			<u></u>
	CA RATON FL 33431		83						
				84	City		85	Zip C	ode
11. Pursuant office or r agent. I a	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the c	.0502 and 607.1508, Flo State of Florida. Such ch obligations of, Section 60	rida Statutes, ti ange was autho 7,0505, Florida	he above orized by Statutes	e-named co the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the a		ging its ent as r	registered egistered
SIGNATURE									
Signature, typod or printed name of registered agent and little if applicable. (NOTE: f  12. OFFICERS AND DIRECTORS					nt signature rec	puired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		CTOR	2 141 12
TITLE	PSD			13.	T	ADDITIONO/OFIGNALO TO OFF IDENSIA			Addition
NAME	KEVORKIAN, DEBORAH A	NN —		1.2 NAME				•	
STREET ADDRESS	4875 OXFORD WAY			1.3 STREET	ADDRESS				
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>			1.4 CITY-S	- 1				
TITLE				2.1 TITLE			Ci	nange	Addition
NAME				2.2 NAME	}				
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-ZIP			L	2. 4 CITY-5	ST-ZIP				
THTLE				3.1 TITLE			CI	nange	Addition
NAME			i	3.2 NAME					
STREET ADDRESS				3.3 STREFT	ADDRESS				
CITY-ST-ZIP				3.4. CITY - S	ST- 21P				
TITLE		· · · · · · · · · · · · · · · · · · ·		4.1 TITLE			CI	hange	Addition

64City-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 of 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 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 with that I am an officer or director of the corporation of the corporation

. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

IGNATURE: Will Day

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

1.16.98

519129620

Change

Change

Addition

Addition

**FILED** 

Feb 03 1998 8:00am

Secretary of State

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