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

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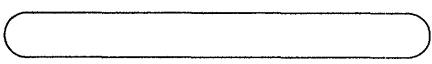
PROFIT FLORIDA DEPARTMENT OF STATE CÖRPORATION FILED Sandra B. Mortham . ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 NOV -6 PM 3: 1.6 DOCUMENT # SECRETARY UF STATE TALLAHASSEE, FLORIDA LIONS Mailing Address Principal Place of Business 381 S.E 15 AVE #5 DEERFIELD BCH FLORIDA 33441 3. Date Incorporated or Qualified 3a. Date of Last Report 186 2. Principal Place of Business 4. EFI Number Applied For 21 Not Applicable Suite, Apt. #, etc Sulte, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be DEERFIELD 8(+) 23 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No ÜSA 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARUUS LEHMANN 381 SE 15 AVE 45 Street Address (P.O. Box Number is Not Acceptable) 11710797--01192--002 83 DEERFIELD BLH, FC33441 84 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 coard of directors. I hereby accept the appointment as registered agent. I am familiar with, and agree the obligations of, Section 607,0505, Florida Statutes SIGNATURE Signature, typed or printed name of egistered agent and title if applicable (NOTE Registered Agent signature **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) LAT PRESIDENT DELFTE PRISTOENT TITLE 1.1 10116 Change Addition NAME MARYUS CEHAINN 1 2 NAME MARCO WORB 381 SE IS AVE 381 SE 15 AVE #5 STREET ADDRESS 1.3 STREET ADDRESS 6 33441 33441 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREFT ADDRESS CITY-ST-ZIP 2 4 CHY-S1-7P DELFTE 3.1 THUE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-ZIP TITLE & . DELETE 4.1 DILE Addition NAME " 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-\$T-ZIP 4.4 CITY - ST- ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFIL TITLE 611000 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - 7(P) 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 confora) or or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and pharmy name appears in Block 12 or Block 13 in changed or on an attachment with an address

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Lions Hause, Inc. -Royal Gardens Apartments-

381 S.E. 15 AVE, Suite 5, Deerfield Beach, Florida 33441



Boca Raton, 09.15.1997

Dear ladys and gentlemen!

I never received the form ANNUAL REPORT from the FLORIDA DEPARTMENT OF STATE.

I talked to one of your phone employee and she gave me your address and the amount I have to send by check as filling fee.

165.- USD filling fee8.75 USD Certificat of Status

173.75 USD fee for 1997

Please send me a confirmation for the filling of my 1997 report.

Best regards

Markus Lehmann

President'