

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

FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000101889 (9)**

1. Corporation Name  
**LYONS & LYONS INTERIOR DESIGN, INC.**



Principal Place of Business <b>19651 BRUCE B. DOWNS BLVD., SUITE D-3443 TAMPA FL 33647</b>	Mailing Address <b>19651 BRUCE B. DOWNS BLVD., SUITE D-3443 TAMPA FL 33647-2445</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/16/1996</b>	3a. Date of Last Report
21	Suite, Apt. #, etc. <b>Suite E6-3</b>	26	Suite, Apt. #, etc. <b>Suite E6-3</b>	4. FEI Number <b>59 3418 258</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>O'BRIEN, VINCENT A</b> <b>19651 BRUCE B. DOWNS BLVD., SUITE D-3443</b> <b>TAMPA FL 33647</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	<b>Suite E6-4</b>		
				84	City	85	Zip Code
					<b>FL</b>		

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: *Rhonda Lyons* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input checked="" type="checkbox"/> President	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>Rhonda Lyons</b>			1.2 NAME			
STREET ADDRESS	<b>9404 Willow Cove Ct</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>Tampa, FL 33647</b>			1.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Vice-President	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>Robert C Lyons</b>			2.2 NAME			
STREET ADDRESS	<b>9404 Willow Cove Ct</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>Tampa, FL 33647</b>			2.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/>	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/>	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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), 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 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 changed or on an attachment with an address.

SIGNATURE: *Rhonda Lyons* **REQUIRED** Date: **4-22-97** Daytime Phone #: **813-901-0890**

CR2E034 (9/96)