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**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

LYONS	CENTERS, INC.	( )				
Principal Place	of Business	Mailing Address			<b>                                    </b>	
100 CENTURY BLVD. WEST PALM BEACH FL 33417		100 CENTURY BLVD. WEST PALM BEACH FL 33417				
				3. Date Incorporated or Qualified		
2. Princinal Pla	ce of Business	2a. Mailing Address		07/22/1992 4. FEI Number	04/27/	
	Lyons Road	26 19146 Lyons	Road	65-0347883	F	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.	-1000		\$8.	75 Additional
2		27		5. Certificate of Status Desired	1 1 '	ee Required
City & State		City & State	77 - 17 - 17 - 17 - 17 - 17 - 18 - 18 -	6. Election Campaign Financing	<b>\$</b> 5	.00 May Be
<del></del> _	Raton, FL 33434	28 Boca Raton,	r	Trust Fund Contribution	LJ A	ided to Fees
Ζφ 1	Country	Ζφ 1111	Country	8. This corporation has liability		rs 199.032,
<u> </u>	25 9. Name and Address of Curren		30	Florida Statutes  Your Your To. Name and Address of New	es 🗌 No	
· · · · · · · · · · · · · · · · · · ·		The state of the s	81 Name	To. Name and Address of New	negistered Agent	
	Jack Itury Blyd. I Beach Fl 33417		B3 1914	Address (P.O. Box Number is Not Accept 16 Lyons Road		
•			84 City Boca	Raton,	FL 85	Zip Code 33434
I1. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above named cor	rporation submits this statement for the p	purpose of changing	ts registered offic
or registere familiar with	ed agent, or both, in the State of Florid h, and accept the obligations of, Sect	ida. Such change was authorized tion 607.0505. Florida Statutes.	d by the corporation's t	rporation submits this statement for the p board of directors. I hereby accept the ap	pointment as registe	red ägent. Lam
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2012(A12) LT DECE						
	Signature, typed or printed name of registered agent		Rogistered Agent signature re	quired when reinstating)	DATE	
2.	OFFICERS AN	ID DIRECTORS	Registered Agent signature re		DATE FFICERS AND DIREC	OTORS IN 12
2.	OFFICERS AN		Hogistered Agent signature re 13.	quired when reinstating)	DATE	CTORS IN 12
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SIGNATURE:

Jack Jaiven, Vice Pres. 03/22/96 (407) 487-9630

DINATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cete

Cete