

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000046407 (0)

1. Corporation Name
LEX-WORTH-KORP, INC.



Principal Place of Business Mailing Address
**4602 OAK LEAF DRIVE
NAPLES FL 33999** **480 E. WILSON BRIDGE RD.
SUITE C
WORTHINGTON OH 43085**

3. Date Incorporated or Qualified **06/20/1994** 3a. Date of Last Report **02/21/1995**
4. FEI Number **65-0498813** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLY, CHARLES M JR.
KELLY PRICE SIKET & HEUERMAN, CHARTERED
2640 GOLDEN GATE PKWY, SUITE 315
NAPLES FL 33941-8117**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature of authorized officer or director of the corporation

Signature of Registered Agent (not applicable when changing office)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KARL, DEBORAH K	
STREET ADDRESS	1446 SOUTHWOOD DR.	
CITY-ST-ZIP	ASHLAND OH 44805	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIEBERT, GLENN W	
STREET ADDRESS	441 DELEGATE DR.	
CITY-ST-ZIP	W. WORTHINGTON OH 43235	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, JANICE M	
STREET ADDRESS	362 MEDITATION LANE	
CITY-ST-ZIP	W. WORTHINGTON OH 43235	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(k), Florida Statutes. I further certify that the information reported in 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 its successor, 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 any change with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn W. Liebert
Glenn W. Liebert

2/26/96

614-436-6807

CR2E034 (12/95)