

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H83707 (0)

1. Corporation Name

LEXEL PUBLISHING COMPANY, INC.



Principal Place of Business

2304 EAST FLETCHER AVENUE
TAMPA FL 33612

Mailing Address

2304 EAST FLETCHER AVENUE
TAMPA FL 33612

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GOLD, AARON J.
GOLD & RESNICK, P.A.
703 SWANN AVE.
TAMPA FL 33606

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, typed or printed name of registered agent and street address

(NOTE: Registered Agent Signature Required when Agent is not a shareholder)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

ST
BAUER, LESLIE I.
619 RIVERHILLS DR
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
GIFFORD, DOROTHY A.
22440 STILLWOOD DRIVE
LAND O LAKES FL

☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96 813-971-0108

CR2E034 (12/95)