

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90100 019 \*\*\*150.00

DOCUMENT # H83707

1. Corporation Name

LEXEL PUBLISHING COMPANY, INC.



Principal Place of Business

Change

2304 EAST FLETCHER AVENUE  
TAMPA FL 33612

5311 E. Fletcher Ave  
Tampa, FL 33617

Mailing Address

Change

2304 EAST FLETCHER AVENUE  
TAMPA FL 33612

5311 E. Fletcher Ave  
Tampa, FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1985

2. Principal Place of Business

21 5311 E. Fletcher

Suite, Apt. #, etc.

2a. Mailing Address

26 5311 E. Fletcher Ave

Suite, Apt. #, etc.

4. FEI Number

59-2613522

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 owes the current year Intangible  
Personal Property Tax.

Yes No

City & State

23 Tampa FL

Zip

24 33617

Country

25 USA

City & State

28 Tampa, FL

Zip

29 33617

Country

30 USA

9. Name and Address of Current Registered Agent

GOLD, AARON J ESQ.  
GOLD & RESNICK, P.A.  
704 W. BAY STREET  
TAMPA FL 33606

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST  
BAUER, LESLIE I.  
619 RIVERHILLS DR  
TAMPA FL

DELETE

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

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Dorothy Gifford 4-9-99 813-985-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)