

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K15175** (8)

1. Corporation Name
LEXICO CORPORATION



Principal Place of Business
**601 ELCKAM CIR. B-3
P.O. BOX 903
MARCO ISLAND FL 32937
US**

Mailing Address
**601 ELCKAM CIR. B-3
MARCO ISLAND FL 32937
US**

3. Date Incorporated or Qualified **02/11/1988** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0060410** Applied For Not Applicable

21 State, Apt. #, etc.

26 State, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAUSLER, GARY J., ESQ.
601 ELCKAM CIR B-3
MARCO ISLAND FL 32937**

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 607.1504, 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 agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

2/12/96

12. OFFICERS AND DIRECTORS

12.1 NAME	PTD HOAG, ROD	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	797 S. BARFIELD DRIVE MARCO ISLAND FL	
12.3 CITY, ST, ZIP	SD	<input type="checkbox"/> DELETE
12.4 NAME	HOAG, ELEANOR	
12.5 STREET ADDRESS	797 S. BARFIELD DRIVE MARCO ISLAND FL	
12.6 CITY, ST, ZIP	D	<input type="checkbox"/> DELETE
12.7 NAME	HOAG, LEXINE	
12.8 STREET ADDRESS	57 FRONT STREET, #1 BEVERLY MA	
12.9 CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 TITLE	
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/96 **692 9900**
Date Fee Paid

CR2E034 (12/95)