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**Mar 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 34145
US**

3. Date Incorporated or Qualified **02/11/1988** 3a. Date of Last Report **02/15/1996**

21. Principal Place of Business 950 N. Collier Blvd	26. Mailing Address 950 N. Collier Blvd.	4. FEI Number 65-0060410	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt #, etc. #202	27. Suite, Apt #, etc. #202	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Marco Island, FL	28. City & State Marco Island	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 34145	25. Country USA	29. Zip 34145	30. Country USA

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

9. Name and Address of Current Registered Agent HAUSLER, GARY J., ESQ. 601 ELCKAM CIR B-3 MARCO ISLAND FL 32937		10. Name and Address of New Registered Agent	
81 Name	Same		
82 Street Address (P.O. Box Number is Not Acceptable)	950 N. Collier Blvd.		
83	#202		
84 City	Marco Island	85 State	FL
		86 Zip Code	34145

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]* (NOTE: Registered Agent signature required when reinstalling) DATE: **2/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOAG, ROD	1.2 NAME	
STREET ADDRESS	797 S. BARFIELD DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOAG, ELEANOR	2.2 NAME	
STREET ADDRESS	797 S. BARFIELD DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOAG, LEXINE	3.2 NAME	
STREET ADDRESS	57 FRONT STREET, #1	3.3 STREET ADDRESS	
CITY - ST - ZIP	BEVERLY MA	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *[Signature]* DATE: **2/25/97** DAYTIME PHONE: **941 692 9900**

CR2E034 (9/96)