

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

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**May 09 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 # **P19897 (8)**  
1. Corporation Name  
**LEXFORD PROPERTIES, INC.**



Principal Place of Business Mailing Address  
**8615 FREEPORT PARKWAY SUITE 200 IRVING TX 75063**

3. Date Incorporated or Qualified <b>06/30/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>75-2232716</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81. Name <b>CT CORPORATION SYSTEM</b>	85. Zip Code <b>33324</b>
		82. Street Address (P.O. Box Number is Not Acceptable) <b>1200 SO. PINE ISLAND ROAD</b>	
		83.	
		84. City <b>PLANTATION</b>	85. Zip Code <b>FL 33324</b>

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: *Victoria Goldstein* - Victoria Goldstein Spcl. Asst. Secy. 5/5/97  
DATE: 5/5/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDER, PATRICK M.	1.2 NAME	
STREET ADDRESS	8445 FREEPORT PARKWAY	1.3 STREET ADDRESS	8615 FREEPORT PARKWAY, SUITE 200
CITY-ST-ZIP	IRVING TX	1.4 CITY-ST-ZIP	IRVING, TX 75063
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, BRUCE	2.2 NAME	<b>300002186223</b>
STREET ADDRESS	5330 SPRINGTON	2.3 STREET ADDRESS	<b>-05/21/97--01022--021</b>
CITY-ST-ZIP	SPRING TX	2.4 CITY-ST-ZIP	<b>***550.00</b>
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, ANNETTE	3.2 NAME	<b>S MEYER, JEFFREY D.</b>
STREET ADDRESS	750 EAST MULBERRY	3.3 STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>
CITY-ST-ZIP	SAN ANTONIO TX	3.4 CITY-ST-ZIP	<b>REYNOLDSBURG, OH 43068</b>
TITLE	TSD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PEGGY CROW	4.2 NAME	
STREET ADDRESS	8445 FREEPORT PARKWAY	4.3 STREET ADDRESS	8615 FREEPORT PARKWAY, SUITE 200
CITY-ST-ZIP	IRVING TX	4.4 CITY-ST-ZIP	IRVING, TX 75063
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VP/CFO</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>SOUDER, MICHELE R.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>6954 AMERICANA PARKWAY</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>V KOEGLER, RONALD P.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>6954 AMERICANA PARKWAY</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>REYNOLDSBURG, OH 43068</b>

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: *Jeffrey D. Meyer* JEFFREY D. MEYER SECRETARY  
DATE: 4/30/97 (614) 575-5223

CR2E034 (9/96)