

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

**APPROVED
AND
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne H. Mathnet
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LEXIE'S CREATIVE CONCEPTS, INC.

2. Principal Place of Business 3616 PINE KNOT DR VALRICO FL 33594		2a. Mailing Address 3616 PINE KNOT DR VALRICO FL 33594		3. Date of Incorporation 12/06/1993		3b. Date of Last Report 05/01/1994	
21. Certificate No.		26. Mailing Agency		4. FCI Number 59-3221979		Applied For Not Applicable	
22. State Agency		27. State Agency		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. County		29. County		30. County		7. This corporation has liability by attempt to transfer to Florida Statute <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SEIFTER, FRED 1236 ASKEW DR BRANDON FL 33511				10. Name and Address of New Registered Agent			
B1. Name				B2. Street Address (P.O. Box Number is Not Acceptable)			
B3. City				B4. City			
B5. State				B6. Zip Code			

11. Pursuant to the provisions of sections 607.01, 607.02 and 607.03, Florida Statute, 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 understand the obligations of the above named Florida Statute.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME P HAGMAN, LEXIE 3616 PINE KNOT DR. VALMCO FL 33594	1. OFFICE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME BUTLER	1. OFFICE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME BULTER, RALPH E 6350 49 AVE. NORTH ST. PETERSBURG FL 33709	2. OFFICE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3. NAME	2. OFFICE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	3. OFFICE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4. NAME	3. OFFICE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	4. OFFICE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5. NAME	4. OFFICE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	5. OFFICE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6. NAME	5. OFFICE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	6. OFFICE <input type="checkbox"/> Change <input type="checkbox"/> Addition	7. NAME	6. OFFICE <input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	7. OFFICE <input type="checkbox"/> Change <input type="checkbox"/> Addition	8. NAME	7. OFFICE <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the above registered agent will be a duly qualified, licensed Florida resident and qualify for this appointment as a law firm in the State of Florida. I further certify that the information made effect to the above report or appointment annual report is true and accurate and that the signature shall have the same legal effect as that made by me. I am familiar with and understand the obligations of the above named Florida Statute, and that the above appointment is in accordance with the provisions of the above named Florida Statute.

SIGNATURE: *Lexie Hagman*
LEXIE HAGMAN

4-29-95 (813) 6859038