

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000084712 (7)**

1. Corporation Name

LEXIE'S CREATIVE CONCEPTS, INC.



Principal Place of Business

Mailing Address

3616 PINE KNOT DR
VALRICO FL 33594

3616 PINE KNOT DR
VALRICO FL 33594

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

SEIFTER, FRED
1236 ASKEW DR
BRANDON FL 33511

3. Date Incorporated or Qualified

12/06/1993

3a. Date of Last Report

05/01/1995

4. FET Number

59-3221979

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 has liability for intangible tax under s. 193.032, Florida Statutes

Yes No

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 607.1503, 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1111 NAME	P	<input type="checkbox"/> DELETE
1112 STREET ADDRESS	HAGMAN, LEXIE	
1113 CITY-STATE-ZIP	3616 PINE KNOT DR.	
1114 TITLE	VALMCO FL 33594	
1121 NAME	V	<input type="checkbox"/> DELETE
1122 STREET ADDRESS	BUTLER, RALPH E.	
1123 CITY-STATE-ZIP	6350 49 AVE. NORTH	
1124 TITLE	ST.PETERSBURG FL	
1131 NAME		<input type="checkbox"/> DELETE
1132 STREET ADDRESS		
1133 CITY-STATE-ZIP		
1134 TITLE		
1141 NAME		<input type="checkbox"/> DELETE
1142 STREET ADDRESS		
1143 CITY-STATE-ZIP		
1144 TITLE		
1151 NAME		<input type="checkbox"/> DELETE
1152 STREET ADDRESS		
1153 CITY-STATE-ZIP		
1154 TITLE		

1211 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1212 NAME	
1213 STREET ADDRESS	
1214 CITY-STATE-ZIP	
1221 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1222 NAME	
1223 STREET ADDRESS	
1224 CITY-STATE-ZIP	
1231 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1232 NAME	
1233 STREET ADDRESS	
1234 CITY-STATE-ZIP	
1241 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1242 NAME	
1243 STREET ADDRESS	
1244 CITY-STATE-ZIP	
1251 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1252 NAME	
1253 STREET ADDRESS	
1254 CITY-STATE-ZIP	
1261 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1262 NAME	
1263 STREET ADDRESS	
1264 CITY-STATE-ZIP	

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 on an attached with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 President

CR2E034 (12/95)