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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90130 045 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000084712

1. Corporation Name

LEXIE'S CREATIVE CONCEPTS, INC.

Principal Place of Business Mailing Address 10404 KANKAKEE LANE 3616 PINE KNOT DR RIVERVIEW FL 33569 VALRICO FL 33594 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/06/1993 2. Principal Place of Buşineşs 2a. Mailing Address 4. FEI Number Applied For 10404-Kanka1 26 59-3221979 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired П 22 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be) her 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes the current year Intangible 25 29 30 Personal Property Tax. **∑X**No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SEIFTER, FRED 82 1236 ASKEW DR Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition NAME HAGMAN, LEXIE 1.2 NAME 10404 KANKAKEE LANE STREET ADDRESS 1.3 STREET ADDRESS **RIVERVIEW FL 33569** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 21 TITLE Change ☐ Addition BUTLER, RALPH E. NAME 2.2 NAME 6350 49 AVE. NORTH STREET ADDRESS 2.3 STREET ADDRESS ST.PETERSBURG FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Addition Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 4.1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

Block 12 or Block 13 if

CITY-ST-ZIP

an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP 14. I 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

CR2E034 (11/98)