FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAR -2 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000003433 (7)

1. Corporation Name
LEXIM, INC.

Principal Place of Business	Mailing Address
900 N. FEDERAL HWY SUITE 380 BOCA RATON FL 33432	900 N. FEDERAL HWY SUITE 380 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 17224 HAMPTON BLVD	26 17224 HAMPTON BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BOCA RATON, FL	28 City & State: BOCA RATON, FL
24 Zip: 33496 25 Country:	29 Zip: 33496 30 Country:

4. FEI Number: 65-0462531 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVINE, JEFFREY A
900 N. FEDERAL HWY
SUITE 380
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: LEVY ZAR
82 Street Address (P.O. Box Number is Not Acceptable)
83 17224 HAMPTON BLVD
84 City: BOCA RATON FL 85 Zip Code: 33496

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: Levy Zar LEVY ZAR 2-27-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	~~LEVINE, JEFFREY A~~	1.2 NAME	LOIS ZAR	
STREET ADDRESS	~~900 N. FEDERAL HWY, SUITE 380~~	1.3 STREET ADDRESS	17224 HAMPTON BLVD	
CITY-ST-ZIP	~~BOCA RATON FL 33432~~	1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		2.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME		2.2 NAME	LEVY ZAR	
STREET ADDRESS		2.3 STREET ADDRESS	17224 HAMPTON BLVD	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Levy Zar LEVY ZAR 2-27-95 (407) 948-9795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0258418 CP