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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Secretary of State  1996  DIVISION OF CORPORATIONS						
DOCUN 1. Corporation	MENT # <b>P9400</b>	0007829 (2)				
LEXSYS	SOFTWARE CORP.					
Principal Place	of Business	Malling Address				JUNI UDIKI BEKAN MUNUN INANG ANDIB IDAN INUN
4350 VIOLET CIRCLE 4350 VIOLET CIRCLE						
LAKE WORTH		LAKE WORTH FL 33461	**** ******			
					3. Date Incorporated or Qualified	3a. Date of Last Report
					01/31/1994 4. FEI Number	04/28/1995 Applied For
2. Principal Pla	ce of Business	2a. Mailing Address	2a. Mailing Address		65-0526044	Not Applicable
Suite, Apt. #	: etc	Suite, Apt. #, etc.			\$8.75 Additional	
22	27				5. Certificate of Status Desired	Fee Required
City & State		City & State	Dity & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Country		Trust Fund Contribution	A0000 10 1 005
Zip	Country 25	<b>├</b>	Zip Country 30		This corporation has liability for intangible tax under s 199.032,     Florida Statutes	
24	9. Name and Address of Curre		30,		10. Name and Address of New F	legistered Agent
			8.	Name		
TAYLOR, CHARLES R JR. 82 Stri				Street Add	ress (P.O. Box Number is Not Acceptat	ole)
	4350 VIOLET CIRCLE					
LAKE WO	ORTH FL 33461		8	3		
			84	City		FL 85 Zip Code
44 Divolopt	a the provincione of Sections 607 050	02 and 607 1508. Florida Statutes	the above	named coroo	ration submits this statement for the pu	
or register	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	orida. Such change was authorized	by the cor	poration's boa	oration submits this statement for the pu and of directors. I hereby accept the app	óintment as registered agent. I am
	n, and accept the obligations of, se	GLOT GOT, COOS, 1 IONGG GLAGGO.				
SIGNATURE _	Signature typed or printed name of registered age			ent signature recipire		DATE FICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE	TAYLOR, CHARLES R JR		1.2 NAM	1		
NAME STREET ADDRESS				1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL			-ST-ZIP		
TITLE			2. 1 1(1).			Change Addition
NAME	COX, ROBERT A		2 2 NAM	E		
STREET ADDRESS	3314 PARADE PLACE		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	LANTANA FL	E DECETE	2.4 CITY			Change Addition
TETLE		☐ DELETE	3 1 TITL			Change D yours
NAME			3 2 NAM	EET ADDRESS		
STREET ADDRESS			3 3 4 CITY			
CITY - ST - ZIP		DELETE	4. 1 TITLE			Change Addition
NAME			4.2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	4.4 CHY-S		-ST-ZIP		Character C Addition	
TITLE		DELETE	5 1 TITL			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS			•	ET ADDRESS		
CITY - S1 - ZIP		DELETE	6. 1 TITE	- ST - ZIP E		Change Addition
NAME		<b></b>	6.2 NAM	i		
NOWL ADDRESS				EET ADDRESS		

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 attachment with an address.

SIGNATURE:

CHARLES R. TAYLOR TR.

(407)967-8678