

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Jul 23 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P94000007829 (2)**

1. Corporation Name  
**LEXSYS SOFTWARE CORP.**



Principal Place of Business <b>4350 VIOLET CIRCLE                  LAKE WORTH FL 33461</b>	Mailing Address <b>4350 VIOLET CIRCLE                  LAKE WORTH FL 33461</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>9176 Winding Woods DR</b>	26 <b>9176 Winding Woods DR</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>LAKE WORTH, FL</b>	28 <b>LAKE WORTH, FL</b>
24 <b>33467</b>	25 <b>PALM BEACH</b>
29 <b>33467</b>	30 <b>PALM BEACH</b>

3. Date Incorporated or Qualified <b>01/31/1994</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>65-0526044</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TAYLOR, CHARLES R JR.                  4350 VIOLET CIRCLE                  LAKE WORTH FL 33461</b>	10. Name and Address of New Registered Agent
81 Name <b>TAYLOR, CHARLES R. JR</b>	82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>9176 Winding Woods Drive</b>	84 City <b>LAKE WORTH FL</b>
	85 Zip Code <b>33467</b>

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 *Charles R Taylor Jr* **CHARLES R TAYLOR JR, President Director** **7-18-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>TAYLOR, CHARLES R JR</b>	
STREET ADDRESS <b>4350 VIOLET CIRCLE</b>	
CITY-ST-ZIP <b>LAKE WORTH FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>COX, ROBERT A</b>	
STREET ADDRESS <b>3314 PARADE PLACE</b>	
CITY-ST-ZIP <b>LANTANA FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)