

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000090044 (6)

1. Corporation Name

LEXICOR, INC.



Principal Place of Business

1355 W. PALMETTO PARK ROAD
SUITE 330
BOCA RATON FL 33486

Mailing Address

1355 W. PALMETTO PARK ROAD
SUITE 330
BOCA RATON FL 33486

2. Principal Place of Business

21 1355 W. Palmetto Park Rd # 330

2a. Mailing Address

25 1355 W. Palmetto Park Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 330

27 330

City & State

City & State

23 Boca Raton Florida

28 Boca Raton Florida

Zip

Zip

Country

Country

24 33486

25 U.S.A.

29 33486

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHELTON, LAURIE
1355 W. PALMETTO PARK ROAD
SUITE 330
BOCA RATON FL 33486

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 607.1508, 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY- ST- ZIP

P
SHELTON, LAURIE
13554 W PALMETTO PARK RD STE 330
BOCA RATON FL

DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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2.1 TITLE

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3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

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4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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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:

Laurie Shelton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

107
393-0930

Daytime Phone #

CR2E034 (12/95)