

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90158 025 \*\*\*150.00

DOCUMENT # P94000090044

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 21346 St. Andrews Blvd.

Suite, Apt. #, etc.

22 Suite # 433

City & State

23 Boca Raton Florida

Zip

24 33433

Country

25 U.S.A.

2a. Mailing Address

26 21346 St. Andrews Blvd.

Suite, Apt. #, etc.

27 Suite # 433

City & State

28 Boca Raton Florida

Zip

29 33433

Country

30 U.S.A.

3. Date Incorporated or Qualified

12/12/1994

4. FEI Number

65-0432395

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 owes the current year intangible

Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

81 Name

Shelton, Laurie

82 Street Address (P.O. Box Number is Not Acceptable)

21346 St. Andrews Blvd

83 Suite # 433

84 City

Boca Raton

FL

85 Zip Code

33433

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

4/25/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SHELTON, LAURIE

STREET ADDRESS 13554 W PALMETTO PARK RD STE 330

CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Shelton, Laurie

1.3 STREET ADDRESS 21346 St. Andrews Blvd. Suite 433

1.4 CITY-ST-ZIP Boca Raton, Florida 33433

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurie Shelton

4/25/99

Date

Daytime Phone #

CR2E034 (11/98)

0561982