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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000004475

1. Corporation Name
LEXONAUT, INC.



Principal Place of Business
 11311 N. 22ND. STREET
 SUITE A-120
 TAMPA FL 33612

Mailing Address
 11311 N. 22ND. STREET
 SUITE A-120
 TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/18/1995

2. Principal Place of Business
 21 **13901 N. FLORIDA AVE**
 Suite, Apt. #, etc. **E-78**

2a. Mailing Address
 26 **13901 N. FLORIDA AVE**
 Suite, Apt. #, etc. **E-78**

4. FEI Number
59-3287950

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State
TAMPA HILLSBORO

28 City & State
TAMPA, FL.

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip **FL.** 25 Country **33613**

29 Zip **33613** 30 Country **HILLSBORO**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUNTRYMAN, JOHN A
16011 NEBRASKA AVE. N.
SUITE 107
LUTZ FL 33549

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 DELETE
 NAME **D GOSTA, STENHORN**
 STREET ADDRESS **11311 N. 22ND. STREET**
 CITY-ST-ZIP **TAMPA FL 33612**

1.1 TITLE Change Addition
 1.2 NAME **D GOSTA STENHORN / C/O ESQUERRE**
 1.3 STREET ADDRESS **13901 N. FLORIDA AVE APT E-78**
 1.4 CITY-ST-ZIP **TAMPA FL. 33613**

TITLE DELETE
 NAME **D HOFER, MICHAEL**
 STREET ADDRESS **11311 N. 22ND. STREET**
 CITY-ST-ZIP **TAMPA FL 33612**

2.1 TITLE Change Addition
 2.2 NAME **D HOFER, MICHAEL C/O ESQUERRE**
 2.3 STREET ADDRESS **13901 N. FLORIDA AVE - APT E-78**
 2.4 CITY-ST-ZIP **TAMPA FL. 33613**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 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 119.073(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99 (816) 963-5258
 Date Daytime Phone #

CR2E034 (1/98)