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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000010934 (4)

LEXIT, INC.



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1429 SOROLL		1429 SOROLLA AVE						
CORAL GABLE		CORAL GABLES FL						
					3. Date incorporated or Qualified 02/08/1995	3a. Date o		
Principal Plac	pe of Business	2a. Mailing Address			4. FET Number			Applied For
Tringipal Fixes		26			65-0573082			Not Applicable
Suite, Apt. #.	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired			Additional Required
l		27 Ct. 9 State			6. Election Campaign Financing			D May Be
City & State		City & State		Trust Fund Contribution		Added to Fees		
Z ₁ p	Country	Zip	Countr	y	8. This corporation has liability for i	intangible tax	under s	199.032,
- Σ1Ρ 	25	29	30			⊠ No		
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	legistered A	gent	
			8					
	JAMES M		82 Street Add		dress (P.O. Box Number is Not Acceptable)			
	DADELAND BLVD.		8	<u></u>			- -	
SUITE 1			10	"				
MIAMI F	L 33156		В	4 City		FL	85 Z	p Code
					ration submits this statement for the pu and of directors. I hereby accept the app	roose of chan	aina its i	registered offi
	Signature, typed or printed name of registered a	gent and still it applicable. AND DIRECTORS	(NOTL: Registered As	bert Situative techno	ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTO	DRS IN 12
2. 	DPST	DELETE	1.1 THE	ř [Change	Addition
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4. To hereby certify that the information symplified with this filing is voluntarily furnished and bust for quality in the shift have the same legal effect as if made under certify that the information indicated on this annual report is upon accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director or the corporation or the jaceiver 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 any stachishent with an address.

SIGNATURE:

SIGNATURE AND TYPEG OF PRIMITED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

Distance Previous P