

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

FILED

May 09 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
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DOCUMENT # **P96000013078 (6)**

1. Corporation Name

**THE LEXIS GROUP, SUNCOAST, INC.**

Principal Place of Business  
**1023 MANATEE AVENUE WEST  
BRADENTON FL 34205**

Mailing Address  
**1023 MANATEE AVENUE WEST  
BRADENTON FL 34205-7816**



2. Principal Place of Business 21 <b>410 CORTEZ RD. W.</b> Suite, Apt. #, etc. <b>112</b> City & State <b>BRADENTON</b> Zip <b>34206</b> Country <b>MANATEE</b>		2a. Mailing Address 26 <b>410 CORTEZ RD. W.</b> Suite, Apt. #, etc. <b>112</b> City & State <b>BRADENTON</b> Zip <b>34206</b> Country <b>MANATEE</b>		3. Date Incorporated or Qualified <b>02/12/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0722696</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>JEWELL, JOHN F 1023 MANATEE AVENUE WEST BRADENTON FL 34205</b>				10. Name and Address of New Registered Agent 81 Name <b>WILLIAM A. THEROUX</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>410 CORTEZ ROAD WEST, SUITE 112</b> 83 84 City <b>BRADENTON</b> FL 85 Zip Code <b>34206</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 William A. Theroux DATE 4/26/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEROUX, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>4903 PALM AIRE DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THEROUX, MAUREEN</b>	2.2 NAME	
STREET ADDRESS	<b>4903 PALM AIRE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: William A. Theroux DATE 2/10/97 941-727-1613  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)