3111999-90052-014-$150.00-$150.00 * 07081999-90035-045-$550.00-$550.00

999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Mar 11, 1999 8:00 am
Secretary of State

07-08-1999 90035 045 ***550.00
03-11-1999 90052 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

* 6 14845 - 90001 - 44 5 *

DOCUMENT # P98000060359

1. Corporation Name

LEXI HOLDING CORP.

Principal Place of Business	Mailing Address
4800 N FEDERAL HWY STE 200-E BOCA RATON FL 33431	4800 N FEDERAL HWY STE 200-E BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1998

4. FEI Number: Not Applicable ☐ 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

7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

9. Name and Address of Current Registered Agent

PALMER, ROBERT M
4800 N FEDERAL HWY STE 200-E
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	Director ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
ME	Martin Miller	1.2 NAME	
REET ADDRESS	c/o RMP, P.A., 4800 N. Fed. Hwy, Ste. 200-E	1.3 STREET ADDRESS	NO Changes at this time
Y-ST-ZIP	Boca Raton, FL 33325	1.4 CITY-ST-ZIP	
LE	Stockholder ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
ME	Martin Miller	2.2 NAME	
REET ADDRESS	c/o RMP, P.A., 4800 N. Fed. Hwy., Ste. 200-E	2.3 STREET ADDRESS	
Y-ST-ZIP	Boca Raton, FL 33325	2.4 CITY-ST-ZIP	
LE	Officer ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
ME	Martin Miller	3.2 NAME	
REET ADDRESS	c/o RMP, P.A., 4800 N. Fed. Hwy., Ste. 200-E	3.3 STREET ADDRESS	
Y-ST-ZIP	Boca Raton, FL 33325	3.4 CITY-ST-ZIP	
LE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #