

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005324 (7)

1. Corporation Name
LEGACY SYSTEMS INCORPORATED



Principal Place of Business: 11338 LONG HILL COURT SPRING HILL FL 34609
Mailing Address: 11338 LONG HILL COURT SPRING HILL FL 34609

3. Date Incorporated or Qualified: 10/30/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 75-2331699
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 [Blank]
22 Suite, Apt. #, etc. [Blank]
23 City & State [Blank]
24 Zip [Blank]
25 Country [Blank]
2a. Mailing Address
26 [Blank]
27 Suite, Apt. #, etc. [Blank]
28 City & State [Blank]
29 Zip [Blank]
30 Country [Blank]

9. Name and Address of Current Registered Agent

MATTHEWS, CHARLES R
11338 LONG HILL COURT
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name [Blank]
82 Street Address (P.O. Box Number is Not Acceptable) [Blank]
83 [Blank]
84 City [Blank]
85 Zip Code [Blank]

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CPT	<input type="checkbox"/> DELETE
NAME	MATTHEWS, ROBERT	
STREET ADDRESS	5394 COACH DR.	
CITY-ST-ZIP	RICHMOND CA 94803	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAXFIELD, CHARLES	
STREET ADDRESS	210 FM 3039	
CITY-ST-ZIP	COMBINE TX 75159	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRAUTIGAM, LARRY	
STREET ADDRESS	9670 FOREST LANE #1126	
CITY-ST-ZIP	DALLAS TX 75243	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/S
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300001806173
5.3 STREET ADDRESS	-05/03/96--01017--018
5.4 CITY-ST-ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Charles R. Matthews April 27, 1996 510 651 0510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)