

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

*CR requested 4/2/97*

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97 APR 24 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **F96000002088 (0)**  
1. Corporation Name  
**LEGACY FINANCIAL SERVICES, INC.**

Principal Place of Business: **1179 NORTH MCDOWELL BLVD PETALUMA CA 94954**  
Mailing Address: **1179 NORTH MCDOWELL BLVD PETALUMA CA 94954-6532**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/25/1996</b>		3a. Date of Last Report	
21	26	4. FEI Number		Applied For		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23	28	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					
24	25	29	30				

8. Name and Address of Current Registered Agent  
**LAMPERT, ANTHONY  
638 US HIGHWAY ONE  
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent  
81 Name: **CORPORATION SERVICE COMPANY**  
82 Street Address (P.O. Box Number is Not Acceptable): **1201 Hays Street**  
83  
84 City: **Tallahassee** FL 85 Zip Code: **32301**

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.  
*Karen B. Rozar*  
**Karen B. Rozar, As Its Agent** April 24, 1997

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PITTS JR, R P	
STREET ADDRESS	1179 NORTH MCDOWELL BLVD	
CITY-ST-ZIP	PETALUMA CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	QVISTGAARD II, LARRY L	
STREET ADDRESS	1179 NORTH MCDOWELL BLVD	
CITY-ST-ZIP	PETALUMA CA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ECHEGARAY, ANDREA L	<i>Entire Wshg</i>
STREET ADDRESS	1179 NORTH MCDOWELL BLVD	
CITY-ST-ZIP	PETALUMA CA	
TITLE	RD	<input checked="" type="checkbox"/> DELETE
NAME	REGAN, LYNDIA L	
STREET ADDRESS	1179 NORTH MCDOWELL BLVD	
CITY-ST-ZIP	PETALUMA CA	
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	<b>500002154315--7</b>
1.4 CITY-ST-ZIP	<b>-04/25/97--01001--023</b>
2.1 TITLE	<b>***165.00</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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	<b>Delete Chairman.</b> <input checked="" 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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>17MB</b>
6.3 STREET ADDRESS	
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: *Karen B. Rozar* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: **4/2/97** Daytime Phone #

CR2E034 (9/96)