

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -7 AM 11:33

DOCUMENT # **S32511 (5)**

1. Corporation Name  
**AMERICAN LEGACY MARKETING, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
P O BOX 427 P O BOX 427  
DESTIN FL 32540 DESTIN FL 32540

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/15/1991** 3a. Date of Last Report **08/26/1994**

4. FEI Number **59-3054321** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$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 2a. Mailing Address  
21 **4919 Sandestin Dr.**  
22 Suite, Apt. #, etc. 27  
23 City & State 28 **Dallas, TX.**  
24 Zip 25 Country 29 **75287** 30 **USA**

9. Name and Address of Current Registered Agent  
**FORD, STEVEN**  
**107 N PALAFOX ST**  
**PENSACOLA FL 32501**

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: Type or print name of registered agent (not the applicant) (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>BEEBE, SHIRLEY S</b>
STREET ADDRESS	<b>4919 SANDESTIN DR</b>
CITY-ST-ZIP	<b>DALLAS TX</b>
TITLE	<b>ST</b>
NAME	<b>DIXON, BUNNY</b>
STREET ADDRESS	<b>6915 VISTA WILLOW</b>
CITY-ST-ZIP	<b>DALLAS TX</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	<b>Same</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Same</b>
2.3 STREET ADDRESS	<b>6531 Brentfield Court</b>
2.4 CITY-ST-ZIP	<b>Dallas, TX. 75248</b>
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 110.07(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: Shirley Beebe (Shirley Beebe) **3/2/95** **214-248-1688**  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR