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Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000003857 (7)

1. Corporation Name
LEGEND SPORTS, INC.



Principal Place of Business
237 S. WESTMONTE DR. SUITE 140
ALTAMONTE SPRINGS FL 32714

Mailing Address
237 S. WESTMONTE DR. SUITE 140
ALTAMONTE SPRINGS FL 32714-4263

3. Date Incorporated or Qualified 07/30/1996	3a. Date of Last Report
4. FEI Number 64-0841345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

KLEIN, JEFFREY L
20 N. ORANGE AVE, SUITE 1400
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Hodge, Floyd L.	85 Zip Code 32714
82 Street Address (P.O. Box Number is Not Acceptable) 237 S. Westmonte Drive	
83 Suite 140	
84 City Altamonte Springs, FL	

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 *Floyd L. Hodge* DATE 5-28-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLES, JAMES T	1.2 NAME	
STREET ADDRESS	248 SHADY OAKS CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENMEAD, LINDA	2.2 NAME	
STREET ADDRESS	1127 ODAY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TILLMAN, MIKE	3.2 NAME	Scott, Bobby D
STREET ADDRESS	4154 SENECA ST	3.3 STREET ADDRESS	6210 Anderson Avenue, N.W.
CITY-ST-ZIP	WEST SENECA NY 14224	3.4 CITY-ST-ZIP	Knoxville, TN 37919
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEPE, MARK	4.2 NAME	Irwin, Jack D
STREET ADDRESS	4154 SENECA ST	4.3 STREET ADDRESS	8301 Richland Colony
CITY-ST-ZIP	WEST SENECA NY 14224	4.4 CITY-ST-ZIP	Knoxville, TN 37923
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REECER, PHILIP E	5.2 NAME	
STREET ADDRESS	118 FOREST PARK CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEEHAN, BURR	6.2 NAME	
STREET ADDRESS	19 BREAKERS ISLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONARCH BEACH CA 92629-4214	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: *Jeffrey L. Klein* 4/29/97 (407) 862-9309

CR2E034 (9/96)