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FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90105 013 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F96000004483

1. Corporation Name  
LEGENDS N.A., INC.

Principal Place of Business  
7458 SOMERSET SHORES COURT  
ORLANDO FL 32819

Mailing Address  
7458 SOMERSET SHORES COURT  
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1996

4. FEI Number

59-3405013

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 6233 WESTGATE DR.

Suite, Apt., etc.

22 607

23 ORLANDO, FL.

24 32835 25 U.S.A.

2a. Mailing Address

26 P.O. BOX 60181605

Suite, Apt., etc.

27

28 ORLANDO, FL.

29 32801 30 U.S.A.

9. Name and Address of Current Registered Agent

GOULET, ROBERT L  
7458 SOMERSET SHORES COURT  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name SHEILA E. WALLACE

82 Street Address (P.O. Box Number is Not Acceptable)

6233 WESTGATE DR. #607

83

84 City ORLANDO

FL

85 Zip Code 32835

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 *Sheila E. Wallace*

(NOTE: Registered Agent signature required when reinstating)

4/20/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GOULET, ROBERT L  
STREET ADDRESS 7458 SOMERSET SHORES COURT  
CITY-ST-ZIP ORLANDO FL 32819

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY  
1.2 NAME SHEILA E. WALLACE  
1.3 STREET ADDRESS 6233 WESTGATE DR. #607  
1.4 CITY-ST-ZIP ORLANDO, FL. 32835

Change Addition

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. 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, with all other like empowered.

SIGNATURE *Sheila E. Wallace*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99  
Date

407-522-0000  
Daytime Phone #

CR2E034 (11/98)