

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90024 037 ***150.00

DOCUMENT # **F98000004204**

1. Corporation Name
LEGACY USA, INC.



Principal Place of Business
**3521 SILVERSIDE ROAD
WILMINGTON DE 19810**

Mailing Address
**3521 SILVERSIDE ROAD
WILMINGTON DE 19810**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/23/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

51-0379466

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **ELIAS, THEODORE**
STREET ADDRESS **102 HARBOR CITY BLVD**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE **President and Director** ☒ Change ☐ Addition
1.2 NAME **Elias, Theodore**

TITLE **VT** ☐ DELETE
NAME **STEJSKAL, RICK L**
STREET ADDRESS **3521 SILVERSIDE ROAD**
CITY-ST-ZIP **WILMINGTON DE**

2.1 TITLE **Vice President** ☐ Change ☒ Addition
2.2 NAME **Davis, Jack**
2.3 STREET ADDRESS **1335 Gateway Drive, Suite 2005**
2.4 CITY-ST-ZIP **Melbourne, FL 32901**

TITLE **VS** ☐ DELETE
NAME **GUNDERSON, MARK J**
STREET ADDRESS **3521 SILVERSIDE ROAD**
CITY-ST-ZIP **WILMINGTON DE**

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

TITLE **CD** ☐ DELETE
NAME **PORTA, EARNEST W**
STREET ADDRESS **3521 SILVERSIDE ROAD**
CITY-ST-ZIP **WILMINGTON DE**

4.1 TITLE **Vice Chairman** ☒ Change ☐ Addition
4.2 NAME **Porta, Earnest W.**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ADALSTEINSSON, ORN**
STREET ADDRESS **3521 SILVERSIDE ROAD**
CITY-ST-ZIP **WILMINGTON DE**

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

TITLE **D** ☐ DELETE
NAME **KANE, NEAL**
STREET ADDRESS **3521 SILVERSIDE ROAD**
CITY-ST-ZIP **WILMINGTON DE**

6.1 TITLE **Chairman** ☒ Change ☐ Addition
6.2 NAME **Kane, Neal**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: **Mark J. Gundersen**

8/5/99

(302) 695-5374

CR2E034 (5/99)

0116962



603971-90024-37
F98000004204

3521 Silverside Road
Suite 2K - Quillen Building
Wilmington, Delaware 19810
Phone:(302) 695-5502
Fax:(302) 695-5350

August 6, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document #F98000004204
Legacy USA, Inc. - 1999 Annual Report

Dear Sir or Madam:

Enclosed is our 1999 Annual Report for the above-referenced corporation and our check No. 19566 for \$150.00.

I recently spoke to Debbie in the office of the Florida Secretary of State to inform her that we had not received the first request for filing an annual report. Debbie checked the records, which showed that the first form was returned to your office. However, we were unable to determine the reason for the return since the name and address were correct. Therefore, we do not believe that we are responsible for the \$400 late fee.

If you have any questions, please contact me at the address shown above or at (302) 695-5503. Thank you for your assistance in this matter.

Very truly yours,

Mary M. McAteer
Senior Legal Assistant

Enclosures