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95 MAY -1 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001473381

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****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # L03106
1. Corporation Name
Leg Lingerie Inc.

Principal Place of Business Mailing Address
18899 LACOSTA LA.
BOCA RATON FL 33496

2. Principal Place of Business 2a. Mailing Address
21 18899 LACOSTA LA 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 BOCA RATON FL 28
Zip Country Zip Country
24 33496 25 USA 29 30

NEW Address

3. Date Incorporated or Quashed 3a. Date of Last Report
7-18-89 5-1-94
4. FEI Number
65-0134036
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
81 Name LAWRENCE BENSON
82 Street Address (P.O. Box Number is Not Acceptable)
18899 LACOSTA LA.
83
84 City BOCA RATON FL 85 33496

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 Lawrence Benson 4/23/95

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP PRESIDENT LAWRENCE BENSON 18899 LACOSTA LA. BOCA RATON FL 33496	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP ☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP Vice Pres. Same as Above	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP ☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP Secretary Same as Above	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP ☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP Treasurer Same as Above	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP ☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP ☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP ☐ Change ☐ Addition

4/23/95 407

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 119.07(3)(b), 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 in an attachment with any changes.

SIGNATURE: Lawrence Benson 4/23/95 407 4518777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR