FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L89096** **(6)**

1. Corporation Name
LEGS MERCANTILE, INC.

Principal Place of Business	Mailing Address
23269 US 441 BOCA RATON FL 33428 US	C/O ARMY/NAVY STORE 1701 S STATE RD. 7 POMPANO BCH. FL 33069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/16/1990
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 23269 S. State Road 7
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: Boca Raton, Fl
Zip — 24: Country — 25:
Zip — 29: 33428-5764 Country — 30:

4. FEI Number: 65-0208601 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KAPLAN, BARRY J.
C/O KAPLAN & HENSCHEL
3363 W COMMERCIAL BLVD., S-115
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: Leonard Wald
82 Street Address (P.O. Box Number is Not Acceptable): 23269 S. State Road 7
83:
84 City: Boca Raton FL 85 Zip Code: 33428-5764

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: Leonard Wald LEONARD WALD 4/12/95
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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	ZACKOWITZ, SAMUEL	1.2 NAME	No longer officer or Director — Delete
STREET ADDRESS	1701 S STATE RD 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	P D ☒ Change ☐ Addition
NAME	WALD, LEONARD	2.2 NAME	
STREET ADDRESS	23269 US 441	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☒ Change ☐ Addition
NAME	ZACKOWITZ, ELLEN	3.2 NAME	No longer officer or Director — Delete
STREET ADDRESS	1701 S STATE RD 7	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Leonard Wald LEONARD WALD 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

011717 CF