FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L89096

LEGS MERCANTILE, INC.

|--|

Principal Place of Business

Mailing Address

23269 S STATE RD.

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90103 034 ***150.00



BOCA RATON F	EL 33428	1701 S STATE RD. 7 BOCA RATON FL 33428-5464			DO NOT WRITE IN THIS SPACE					
US		US			3. Date incorporated or Qualifed					
						07/16/1990				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			- ' '	lied For
21		26				65-0208601			1	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		,	75 A ee Ree	dditional
22	 	27								
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution				May Be Fees
23	Country		Coun	tr.		This corporation owes the current	ant your Inte			/
Zip	25		30	u y		Personal Property Tax.	ent year mid	Yes		No
24	9. Name and Address of (301			10. Name and Address of New R	tegistered /	Agent	/	`
	o. Hallie alta Addition of	00110111103101010101	- 1	81	Name					
LEO	NARD WALD		<u> </u>	_	0)	ture (D.O. Ben Number in Mat Accorde	.blo\			
2326	9 S. STATE RD		1	82	Street Add	dress (P.O. Box Number is Not Accepta	ine)			
	A RATON FL 33428		1	83					-	
			L.					7051	Zip C	odo
			l'	84	City		FL	85	Zip C	oue
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida Statute	s, the ab	ove-	-named cor	poration submits this statement for the	purpose of	changi	ng its	registered
office or re	egistered agent, or both, in the	State of Florida. Such change was au obligations of, Section 607.0505, Flori	itnonzea	Dy tr	he corporat	tion's board of directors. I hereby accep	t the appoi	ıtment	as reg	isterea
SIGNATURE	,									-
SIGNATURE	Signature, typed or printed name of register	ered agent and title if applicable (NOTE:		gent f	signature requi	red when reinstating)	DATE		-0-0	20 111 40
12.	OFFICE	RS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRI		Addition
TITLE	PD	☐ DELETE	1.1 TITL						ange	☐ Addition
NAME	WALD, LEONARD		1.2 NAM							
STREET ADDRESS	23269 US 441				ADDRESS					
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	1.4 CIT		ZIP		-	Ch	ange	Addition
TITLE		☐ DELETE	2.1 TITL						unge	
NAME	Ti.		2.2 NAM							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		□ DELETE	2. 4 CIT		-ZIP			[] Ch	anne	Addition
TITLE		□ DECE IE	3.1 1171.					[,] (,,	unge	
NAME			3.2 NAM							ļ
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CIT 4.1 TITL		-219			□Ch	ange	Addition
TITLE		C percit	4.1 1111 4. 2 NA						-	_
NAME					ADDRESS					
STREET ADDRESS			4.4 CIT							
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL		.215			Ch	ange	☐ Addition
NAMÉ			5.2 NAM						-	
STREET ADDRESS			5.3 STF	REET!	ADDRESS		•			
CITY-ST-ZIP			5.4 CIT	Y-ST-	- ZiP					
TITLE		☐ DELETE	6.1 TIπ	E		"		□ Ch	ange	Addition
NAME			6.2 NAM	νE			-			
STREET ADDRESS			6.3 STF	REET!	ADDRESS	•		•		
CITY-ST-ZIP			6.4 CIT	Y-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 suppliers stall 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 on an attachment with an address with all other like empowered.

SIGNATURE: