

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

FILED

**Apr 29 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # M77206 (4)
1. Corporation Name
LEGACY DOLLS INC.



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|---|---|
| Principal Place of Business 8340 DONAL ST PORT RICHEY FL 34688 US | Mailing Address 8340 DONAL ST PORT RICHEY F 34688-6817 US |
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|--|--|
| 3. Date Incorporated or Qualified 04/20/1988 | 3a. Date of Last Report 04/29/1996 |
| 4. FEI Number 59-2892614 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country |
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|---|--|--|--|--|-----------|
| 9. Name and Address of Current Registered Agent DENBO, RICHARD B. 4915 MILE STRETCH ROAD HOLIDAY FL 34690 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DEHETRE, TERRI LYNN | | 1.2 NAME | |
| STREET ADDRESS 4108 PERRY PL | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP NEW PORT RICHEY F 34688 | | 1.4 CITY - ST - ZIP | |
| TITLE ST | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DEHETRE, TERRI LYNN | | 2.2 NAME | |
| STREET ADDRESS 4108 PERRY PL | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP NEW PORT RICHEY F 34688 | | 2.4 CITY - ST - ZIP | |
| TITLE VD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DEHETRE, ALBERT J | | 3.2 NAME | |
| STREET ADDRESS 4108 PERRY PL | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP NEW PORT RICHEY F 34688 | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Albert J. DeHetre ALBERT J. DEHETRE 4-23-97 813-848-6900
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)