

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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # M77206 (4)**

1. Corporation Name  
**LEGACY DOLLS INC.**



Principal Place of Business 8340 DONAL ST PORT RICHEY FL 34668 US	Mailing Address 8340 DONAL ST PORT RICHEY F 34668 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>04/20/1988</b>	
4. FEI Number <b>59-2892614</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Ejection Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 <b>ALBERT J DEHETRE</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>12750 CANTON AVE</b>	
83	
84 City <b>HUDSON</b>	85 Zip Code <b>FL 23669</b>

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: *Albert J. Dehetre* *Exec. V.P.* **4-20-98** ✓  
 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 <b>PD</b>	NAME <b>DEHETRE, TERRI LYNN</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4108 PERRY PL</b>	CITY-ST-ZIP <b>NEW PORT RICHEY F 34668</b>	1.2 NAME
TITLE <b>ST</b>	NAME <b>DEHETRE, TERRI LYNN</b>	1.3 STREET ADDRESS <b>12750 CANTON AVE</b>
STREET ADDRESS <b>4108 PERRY PL</b>	CITY-ST-ZIP <b>NEW PORT RICHEY F 34668</b>	1.4 CITY-ST-ZIP <b>HUDSON FL 34669</b>
TITLE <b>VD</b>	NAME <b>DEHETRE, ALBERT J</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4108 PERRY PL</b>	CITY-ST-ZIP <b>NEW PORT RICHEY F 34668</b>	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS <b>12750 CANTON AVE</b>
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP <b>HUDSON FL 34669</b>
TITLE	NAME	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS <b>12750 CANTON AVE</b>
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP <b>HUDSON FL 34669</b>
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	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.

CFR2E034 (10/97)