


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07386** (8)

1. Corporation Name
LEGACY INTERNATIONAL, INC.

Principal Place of Business C/O AL AND VERA SCHREINER 1100 REVERE DR. OCONOMOWOC WI 53068	Mailing Address C/O AL AND VERA SCHREINER 1100 REVERE DR. OCONOMOWOC WI 53068-4425
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3. Date Incorporated or Qualified 01/30/1985	3a. Date of Last Report 06/06/1996
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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	4. FEI Number 39-1510400 <input checked="" type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VETTER, CHESTER W.
201 FLETCHER LANE
PLANT CITY FL**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULTHURST, BERNIE	1.2 NAME	
STREET ADDRESS	4852 COUNTY K	1.3 STREET ADDRESS	
CITY-ST-ZIP	AMHERST WI 54408	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULTHURST, CAROLYN	2.2 NAME	
STREET ADDRESS	4852 COUNTY K	2.3 STREET ADDRESS	
CITY-ST-ZIP	AMHERST WI 54408	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTKA, JOE	3.2 NAME	
STREET ADDRESS	40 MARCIA RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON MA 01887	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTKA, JEAN	4.2 NAME	
STREET ADDRESS	40 MARCIA RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON MA 01887	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREINER, VERA	5.2 NAME	
STREET ADDRESS	1100 REVERE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCONOMOWOC WI	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREINER, AL	6.2 NAME	
STREET ADDRESS	1100 REVERE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCONOMOWOC WI	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vera Schreiner* **SIGNATURE REQUIRED** *5/9/97* *414-567-3454*

CR2E037 (9/96)