


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07386** (8)  
1. Corporation Name  
**LEGACY INTERNATIONAL, INC.**



Principal Place of Business <b>C/O AL AND VERA SCHREINER 1100 REVERE DR. OCONOMOWOC WI 53066</b>	Mailing Address <b>C/O AL AND VERA SCHREINER 1100 REVERE DR. OCONOMOWOC WI 53066</b>
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3. Date incorporated or Qualified <b>01/30/1985</b>	
4. FEI Number <b>39-1510400</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>VETTER, CHESTER W. 201 FLETCHER LANE PLANT CITY FL</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>COULTHURST, BERNIE</b>
STREET ADDRESS	<b>4852 COUNTY K</b>
CITY-ST-ZIP	<b>AMHERST WI 54406</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>COULTHURST, CAROLYN</b>
STREET ADDRESS	<b>4852 COUNTY K</b>
CITY-ST-ZIP	<b>AMHERST WI 54406</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>HARTKA, JOE</b>
STREET ADDRESS	<b>40 MARCIA RD.</b>
CITY-ST-ZIP	<b>WILMINGTON MA 01887</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>HARTKA, JEAN</b>
STREET ADDRESS	<b>40 MARCIA RD.</b>
CITY-ST-ZIP	<b>WILMINGTON MA 01887</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>SCHREINER, VERA</b>
STREET ADDRESS	<b>1100 REVERE DR</b>
CITY-ST-ZIP	<b>OCONOMOWOC WI</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>SCHREINER, AL</b>
STREET ADDRESS	<b>1100 REVERE DR</b>
CITY-ST-ZIP	<b>OCONOMOWOC WI</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TIRRELL, ROBERT</b>
1.3 STREET ADDRESS	<b>PO BOX 37</b> N/A
1.4 CITY-ST-ZIP	<b>LOWER WATERFORD VT 05848-0037</b>
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>TIRRELL, PEG</b> N/A
2.3 STREET ADDRESS	<b>PO BOX 37</b>
2.4 CITY-ST-ZIP	<b>LOWER WATERFORD VT 05848-0037</b>
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VAILE, TED</b>
3.3 STREET ADDRESS	<b>RT 4 BOX 252</b>
3.4 CITY-ST-ZIP	<b>PERU IN 46970</b>
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VATLE, BETTY</b>
4.3 STREET ADDRESS	<b>RT 4 BOX 252</b>
4.4 CITY-ST-ZIP	<b>PERU IN 46970</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)