


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90025 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07386

1. Corporation Name

LEGACY INTERNATIONAL, INC.

Principal Place of Business

C/O AL AND VERA SCHREINER
 1100 REVERE DR.
 OCONOMOWOC WI 53066

Mailing Address

C/O AL AND VERA SCHREINER
 1100 REVERE DR.
 OCONOMOWOC WI 53066



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/30/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		39-1510400	
24 Country		29 Country		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	

9. Name and Address of Current Registered Agent

VETTER, CHESTER W.
201 FLETCHER LANE
PLANT CITY FL

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 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRRELL, ROBERT	1.2 NAME	
STREET ADDRESS	P O BOX 37 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOWER WATERFORD VT 05848-0037	1.4 CITY-ST-ZIP	LOWER WATERFORD VT 05848-0037
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIRRELL, PEG	2.2 NAME	
STREET ADDRESS	P O BOX 37 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOWER WATERFOD VT 05848-0037	2.4 CITY-ST-ZIP	LOWER WATERFORD VT 05848-0037
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAILE, TED	3.2 NAME	
STREET ADDRESS	RT 4 BOX 252	3.3 STREET ADDRESS	
CITY-ST-ZIP	PERU IN 46970	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAILE, BETTY	4.2 NAME	
STREET ADDRESS	RT 4 BOX 252	4.3 STREET ADDRESS	
CITY-ST-ZIP	PERU IN 46970	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/99 414-567-3454

CR2E037 (11/98)