

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037459 (3)

1. Corporation Name

LEGACY PERSONNEL GROUP, INC.

Principal Place of Business

1 E BROWARD BLVD. STE 609
FORT LAUDERDALE FL 33301-1872
US

Mailing Address

1 E BROWARD BLVD. STE 609
FORT LAUDERDALE FL 33301-1872
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1993

4. FEI Number

65-0410602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TALCOTT, VALERIE
1964 BONNIE ST
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name Leland H. Talcott

82 Street Address (P.O. Box Number is Not Acceptable)

2082 Bonnie Street

83

84 City Boca Raton

FL

85 Zip Code 33486

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 of which, 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

Signature, name, title, and address of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

3/31/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME TALCOTT, VALARIE
STREET ADDRESS 1964 BONNIE STREET
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME TALCOTT, PATIENCE
STREET ADDRESS 17689 N. FIELDBROOK CIRCLE
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME TALCOTT, VERN
STREET ADDRESS 17689 N. FIELDBROOK CIRCLE
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME TALCOTT, LELAND
STREET ADDRESS 2082 BONNIE ST
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE:

CR2E034 (10/97)