

* FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 *

FILED
May 20 1998 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name LEGACY ENTERPRISES INTERNATIONAL, INC.		DOCUMENT # P930000391162	

Mailing Address 21346 St Andrews Blvd Boca Raton, FL 33433	Principal Place of Business 21346 St Andrews Blvd Boca Raton, FL 33433
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DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.		3. Date Incorporated or Qualified 05/28/1993	3a. Date of Last Report 8/28/97 ?
2. Mailing Address 21	2a. Principal Place of Business 26	4. FEI Number 65-0414769	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fees Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
23. City & State	28. City & State	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
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 GRAHAM, LAUREL 21346 ST ANDREWS BLVD SUITE 419 BOCA RATON, FL		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code
			FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE LAUREL GRAHAM, VP DATE 3/27/98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	VP	1.1 TITLE		1.1 TITLE		1.1 TITLE	
1.2 NAME	GRAHAM, LAUREL	1.2 NAME		1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS	1401 NW 4TH STREET	1.3 STREET ADDRESS		1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33486	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE	P	2.1 TITLE		2.1 TITLE		2.1 TITLE	
2.2 NAME	PARKER, RENEE	2.2 NAME		2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS	1401 NW 4TH STREET	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33486	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE		3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME		3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE		4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME		4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE		5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE		6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: LAUREL GRAHAM, VP DATE 3/27/98 (561) 392-6097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #