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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000050044

| 1. Corporation | on Name | | | | |
|-------------------------------|--|--|--|--|--|
| LEGAC' | Y PRODUCTIONS, INC. | | | | |
| | • | | | I INDICATO DE FULDE DESCRIPZADO DE CARROL DE | HARA Gara n Baran Ba rah Ba nak Bar ah Bar ah |
| | • • • | | | | |
| Principal Pla | ce of Business | Mailing Address | | | IIII ADIDI OIII OOKI OOKI OOII OFOI BIOK IOO |
| | DUCTIONS, INC. | 6201 SW 96 ST. | • | | • |
| MIAMI FL 33156 MIAMI FL 33156 | | | | | |
| US US | | | | DO NOT WRITE IN THIS SPACE | |
| | | • | | Date Incorporated or Qualifed | • |
| | | | | 06/27/1995 | |
| 2. Principal I | Place of Business | 2a. Mailing Address | • | 4. FEI Number | . Applied For |
| 21 | | 26 | | 65-0595209 | Not Applicable |
| | | Suite, Apt. #, etc. | • | 5. Certifcate of Status Desired | \$8.75 Additional |
| 22 | : | · 27 | | | Fee Required |
| City & Sta | ite | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | Occuptor | 28 | 0 | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current y | |
| 24 | 25 25 Address of Corr | 29 | 30 | Personal Property Tax. | ✓ Yes No. |
| | 9. Name and Address of Curre | ent Registered Agent | · 81 Name | 10. Name and Address of New Regis | stered Agent |
| SEC | GAL. ELLEN B | the Krist Edit of the | | | |
| 6201 SW 96 ST. | | | 82 Street Add | lress (P.O. Box Number is Not Acceptable) | |
| MIAMI FL 33156 | | | 83 | STATE OF THE STATE | TAMES A CONTRACTOR OF THE SAME |
| | | | 63 | | |
| ļ | | | 84 City | | 85 Zip Code |
| GEORGE SERVE | | | | | FL |
| 11. Pursuant | t to the provisions of Sections 607.05 registered agent, or both, in the Stat | 502 and 607.1508, Florida Statu e of Florida. Such change was a | tes, the above-named cor authorized by the corporat | poration submits this statement for the purp ion's board of directors. I hereby accept the | ose of changing its registered appointment as registered |
| agent. La | am familiar with, and accept the oblig | gations of, Section 607.0505, Flo | orida Statutes. | , | · |
| SIGNATURE | | | | · | |
| 12. | Signature, typed or printed name of registered ag | gent and title if applicable. (NOTE | Registered Agent signature requirements 13. | ADDITIONS/CHANGES TO OFFICE | RATE DIDECTORS IN 12 |
| TITLE | PVST | DELETE | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFICE | Change Addition |
| NAME | SEGAL, ELLEN B | _ DELETE | i | | |
| _ | 7040 CW 400ND OT | | 1.2 NAME | | |
| STREET ADDRESS | MIAMI FL 33156 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | D | ☐ DELETE | 1.4 CITY-ST-ZIP | • • • • | Change C Addition |
| TITLE | SEGAL, ELLEN B | | 2.1 TITLE | | Change Addition |
| NAME | 7040 CW 400MD CT | | 2.2 NAME | | |
| STREET ADDRESS | 1 | | 2.3 STREET ADDRESS | | : |
| CITY-ST-ZIP | MIAMI FL 33156 | DELETE | 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE SEC | | " \ \ | 3.1 TITLE | | Change Addition |
| NAME | \$72-4881 | | 3.2 NAME | | • |
| STREET ADDRESS | 就是是一种一个 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | • | □ nevere | 3.4. CITY-ST-ZIP | | 1984 1981 1984 1984 1884 1884 1884 1884 |
| TITLE | | DELETE | 4.1 TITLE | · · · · · · · · · · · · · · · · · · · | Change Addition |
| NAME | | * 5 | 4. 2 NAME | | |
| STREET ADDRESS | · · | , ; | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | ." | 4.4 CITY-ST-ZIP | | |
| TITLE | , | ☐ DELETE | 5.1 TITLE | " A my to give | ☐ Change ☐ Addition |
| NAME ' | | | 5.2 NAME | | |
| STREET ADDRESS | PYST | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | مراوية المالية | | 5.4 CITY-ST-ZIP | | |
| TATLE | THE STATE OF THE S | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | T 4 47 4 | • | 6.2 NAME | | |

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not ex-indicated on this annual report or supplemental annual report is true officer or director of the corporation or the receiver or dustee empoder Block 12 or Block 13 if changed, or an an attachmost with an address. alist for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information not accurate and that my signature shall have the same legal effect as if made under oath; that I am an red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in buth all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90026 029 ***150.00