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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000009392 (7) DOCUMENT

LEGACY SEARCH, INC.

FILED May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 17269 HAMPTON BLVD 17269 HAMPTON BLVD **BOCA RATON FL 33496 BOCA RATON FL 33496** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0642980 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LESSER, DAVID K 930 NORMANDY TRACE RD Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** City Zip Code 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, 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, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TITLE Change Addition LESSOR, DAVID K NAME 1.2 NAME 930 NORMANDY TRACE RD 4313 W. OBISTO ST 1.3 STREET ADDRESS STREET ADDRESS TAMPA F CITY-ST-ZIP 14 CiTY-ST-ZIP DELETE Channe Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CiTY-ST-ZiP CITY - ST - 7IP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. Thereby certify that the information supplied with this indicated on this annual report or suppliemental annual officer or director of the corporation or the receive or Block 12 or Block 13 if changed, or on an attachment. ne of emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the individual that my signature shall have the same legal effect as if made under oath; that I am an outer this report as required by Chapter 607, Florida Statutes; and that my name appears in g does not qualify for

SIGNATURE:

me appears in 886~Zu5