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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015233 (5)

LEGENDS MARKETING GROUP, INC.

14. I hereby certify that the information supplied with this filing doe indicated on this annual report or supplemental arition operation of the corporation or the receiver or trustee e Block 12 or Block 13 if changed, or on an attachment with an a

SIGNATURE:

CEGEN						
Principal Place of Business		Mailing Address			i naizi ciādi aitis ilanu litaŭ liti laŭi	
2831 RINGLING BLVD.		2831 RINGLING BLVD.				
SUITE 217-E		SUITE 217-E	SUITE 217-E		50 1107 11707	
SARASOTA FL 34237 SARASOTA FL 34237				DO NOT WRITE	IN THIS SPACE	
					3. Date Incorporated or Qualified 02/16/1996	:
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-3365740	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	,		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	try	B. This corporation owes or has pair	
24	25	29	30		Personal Property Tax due June	
<u> </u>	9. Name and Address of Curre	nt Hegistered Agent		1 Name	10. Name and Address of New Reg	listered Agent
	HMOYER, BARRY E		l°	i ivanie		
2831 RINGLING BLVD.			6	2 Street Add	ress (P.O. Box Number is Not Acceptable	е)
	TE 217-E		ļ_			
∣ SA	RAS OTA FL 34237		6	-3		
			8	4 City		85 Zip Code
da Duran	#	00 and 007 4500 Flacida Otal	1 1 1			FL 60 2000
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stati	02 and 607.1508, Florida Statu e of Florida. Such change was	tes, the abc authorized	ove-namea corp by the corporal	poration submits this statement for the pution's board of directors. I hereby accept	t the appointment as registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, FI	lorida Statut	es.	,	
SIGNATURE	• • • • • • • • • • • • • • • • • • •					
12.	Signature, typed or printed name of registered ap	PORT And Title if applicable. (NO. NO. DIRECTORS	13.	gent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
TITLE	D	DELETE	1 1 T\$TL		ADDITIONS/OFFACES TO OFFICE	Change Addition
NAME	CUYLER, KI		1.2 NAM			E change E reconven
STREET ADDRESS	P.O. BOX-43	·		ET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY-FL 34228			- ST-ZIP		
TITLE			2.1 (1)(1)			Change Addition
NAME	SCHMOYER, BARRY E		2.2 NAM	1		
STREET ADDRESS 2831 RINGLING BLVD., SUITE 217-E				ET ADDRESS		
CITY-ST-ZIP SARASOTA FL 34237				/-ST-ZIP		
TITLE	DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAM	ŧ l		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELETE	4.1 1111			Change Addition
NAME			4. 2 NAN	ME .		
STREET ADDRESS			4.3 STRE	ET ADDRESS		ĺ
CITY-ST-ZIP				-ST-ZIP		
TITLE			5.1 TITLI			Change Addition
NAME			5.2 NAM			. —
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			54 CITY			İ
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAM			
STREET ADDRESS				ET ADDRESS		
				(

of qualify for the exemption stated in Section 119.07(3)(i), Fforida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate this report as required by Chapter 607, Fforida Statutes; and that my name appears in

941-953-4447