

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

FILED

Mar 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000033311 (7)**

1. Corporation Name  
**LEGAL BEAGLE MARKETING, INC.**



Principal Place of Business <b>172 HAMMOCK DRIVE PALM HARBOR FL 34683</b>	Mailing Address <b>172 HAMMOCK DRIVE PALM HARBOR FL 34683-5623</b>
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2. Principal Place of Business 21 <b>838 Village Way</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>838 Village Way</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>04/19/1996</b>	3a. Date of Last Report —
22 City & State 23 <b>Palm Harbor, Fla</b>		27 City & State 28 <b>Palm Harbor, Fla</b>		4. FCI Number <b>59-338-5916</b>	Applied For Not Applicable
24 Zip <b>34683</b>		29 Zip <b>34683</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country <b>USA</b>		30 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>ISAACS, JOSEPH 172 HAMMOCK DRIVE PALM HARBOR FL 34683</b>				10. Name and Address of New Registered Agent	

81 Name <b>JOSEPH ISAACS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>838 Village Way</b>
83
84 City <b>Palm Harbor</b>
85 State <b>FL</b>
86 Zip Code <b>34683</b>

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: **JOSEPH ISAACS** (Signature) **JOSEPH ISAACS, Pres** (Typed Name) **3/21/97** (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	11 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ISSACS, JOSEPH</b>		12 NAME <b>JOSEPH ISAACS</b>	
STREET ADDRESS <b>172 HAMMOCK DRIVE</b>		13 STREET ADDRESS <b>838 Village Way</b>	
CITY- ST- ZIP <b>PALM HARBOR FL 34683</b>		14 CITY- ST- ZIP <b>Palm Harbor, Fla 34683</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	21 TITLE	
NAME <b>SMITH, GAIL</b>		22 NAME	
STREET ADDRESS <b>172 HAMMOCK DRIVE</b>		23 STREET ADDRESS	
CITY- ST- ZIP <b>PALM HARBOR FL 34683</b>		24 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: **JOSEPH ISAACS** (Signature) **JOSEPH ISAACS, Pres** (Typed Name) **3/21/97** (Date)

CR2E034 (9/96)