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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ,

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 19 1998 8:00am

Secretary of State

1998

DOCUMENT # P9600033311 (7)

LEGAL BEAGLE MARKETING, INC.

Principal Place of Business Mailing Address 838 VILLAGE WAY 838 VILLAGE WAY PALM HARBOR FL 34683 PALM HARBOR FL 34683 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-3385916 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name ISAACS, JOSEPH 838 VILLAGE WAY 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34683 1 83 Zip Code ovisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diagont, or both, in the String of Horida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered providing accept the obligations of Section 607.0509 Florida Statutes. 11. Pursuant to the positive or registere agent. I am famili d agent, or both, in the St ir with, and accept the of SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE D Change 1.1 TITLE Director ISSACS, JOSEPH NAME 1.2 NAME 172 HAMMOCK DRIVE STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 1.4 CITY-SY-ZIP DELETE Change TITLE 2.1 TITLE Addition NAME **IS**AACS, JOSEPH 2.2 NAME 838 VILLAGE WAY STREET ADDRESS 2.3 STREET ADDRESS **PALM HARBOR FL** CITY-ST-ZIP 2. 4 City-St-ZiP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITE F 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this viling 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 trusted 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.