

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Wanda W. Merlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101629
1. Corporation Name Legacy Telecom Corp.
Principal Place of Business 18840 US Hwy 19 N. St 408
Mailing Address Clearwater, FL 34624

2. Principal Place of Business 21 49 Clearwater/Largo Rd
Suits, Apt. #, etc.
22 City & State LARGO, FL
Zip 33770 Country USA
23 Mailing Address 24 19941 Gulf Blvd
Suits, Apt. #, etc. # E
25 City & State INDIAN SHORES FL
Zip 33785 Country

3. Date Incorporated or Qualified 12/12/96
3a. (Date of Last Report)
4. FEI Number 59-3411574 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Dana L. Winsett
2608 Oakwood Dr.
Largo, FL 33771

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 33785

11. Pursuant to the provisions of Sections 607.0602 and 607.1608, 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 Dana L. Winsett (NOTE: Registered Agent Signature required when registering)
Date Apr 29, 1997

12. OFFICERS AND DIRECTORS

TITLE PRES.	<input type="checkbox"/> DELETE
NAME F. S. Winsett	
STREET ADDRESS 2608 Oakwood DA	
CITY-ST-ZIP LARGO FL 33771	
TITLE Secy/Treas	<input type="checkbox"/> DELETE
NAME Kjell Jansson	
STREET ADDRESS 1546 - Belleair Rd	
CITY-ST-ZIP CLEARWATER, FL 34616	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Addit
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addit
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. If 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: [Signature] Date: Apr 29, 1997
Signature and Typed or Printed Name of Signing Officer or Director: [Signature] Title: Pres
700002189637
-05/23/97--01049--025
***165.00