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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700003788 (1)

ALLAN LEGE PROPERTIES, P.A.

## FILED Mar 20 1998 8:00am Secretary of State



|                                | <del></del>   | <del></del>   | <del></del>  |  |
|--------------------------------|---|---|--|--|
| Principal Plac                 | e of Business   | Mailing Address   |  |  |
|                                | DRIVE (GULF PINES)  | 205 BEACH DRIVE (GULF P   | ines)  |  |
| DESTIN FL 32541                |   | DESTIN FL 32541   |  | DO NOT WRITE IN THIS SPACE   |
|                                |   |   |  | 3. Date Incorporated or Qualified  |
|                                |   |   |  | 01/14/1997   |
| 2. Principal P                 | lace of Business  | 2a. Mailing Address   |  | 4. FEI Number Applied For  |
| 21 35                          | Horse Shoe Circle   | 26 35 Horse S   | hoe Cively   | 2 59-3419916 Not Applicable  |
| Suite, Apt.                    | #, etc.   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired \$8.75 Additional   |
| 22                             |   | 27  |  | 5. Certificate of Status Desired Fee Required  |
| City & Stat                    | 1' 1" 1   | City & State  | C 1  | Election Campaign Financing \$5.00 May Be  |
| 23 Des                         | <del></del>   | 28 Destin   | <u> </u>   | Trust Fund Contribution Added to Fees  |
| Zip 325                        | Country USA   | 32541 -   | Country US M   | 8. This corporation owes or has paid the current year Intangible   |
| 24 323                         | 9. Name and Address of Current  | Pagistared Agent  | 0  | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent  |
|                                |   | neginiera Agent   | 81 Name  | 10. Italile and Address of New Acquistered Agent   |
| MOGILL, NODENI E III           |   |   |  |  |
| 743 HIGHWAY 98 EAST<br>SUITE 5 |   |   | 82 Street  | Address (P.O. Box Number is Not Acceptable)  |
|                                | STIN FL 32541   |   | 83   |  |
| OE                             | OTHE PE SECTI   |   | <u> </u>   | loo! 7- 0-d-   |
|                                |   |   | 84 City  | FL 85 Zip Code   |
| agent. I a                     | to the provisions of Sections 607.0502 registered agent, or both, in the State comfamiliar with, and accept the obligat | and 607.1508, Florida Statutes<br>of Florida. Such change was aut<br>tions of, Section 607.0505, Florid | , the above-named<br>horized by the corr<br>la Statutes. | corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE                      | Signature, typed or printed frame of registere Lagent   | Land title if applicable (NOTE: F   | legislered Agent signature                               | required when reinstating) DATE  |
| 12.                            | OFFICERS AND  |   | 13.  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE                          | D   | ☐ DELETE  | 1.1 TITLE  | Change Addition  |
| NAME                           | LEGE, ALLAN   |   | 1.2 NAME   | Lege, Allan  |
| STREET ADDRESS                 | 205 BEACH DRIVE (GULF PINE  | ES)   | 1.3 STREET ADDRESS                                       | 35 Horse Shoe Circle   |
| CITY-ST-ZIP                    | DESTIN FL 32541   |   | 1.4 CITY - ST - ZIP                                      | Destin Fl 32541  |
| TITLE                          |   | ☐ DELETE  | 21 TITLE   | Change Addition  |
| NAME                           |   |   | 2.2 NAME   |  |
| STREET ADDRESS                 |   |   | 2.3 STREET ADDRESS                                       |  |
| CITY-ST-ZIP                    |   |   | 2. 4 CITY-ST-ZIP   |  |
| TITLE                          |   | DELETE  | 3.1 TITLE  | Change Addition  |
| NAME                           |   |   | 3.2 NAME   | <b> </b>   |
| STREET ADDRESS                 |   |   | 3.3 STREET ADDRESS                                       |  |
| CiTY-ST-ZIP                    |   |   | 3.4. CITY-ST-ZIP   |  |
| TITLE                          |   | ☐ DELETE  | 4.1 TITLE  | ☐ Change ☐ Addition  |
| NAME                           |   |   | 4. 2 NAME  |  |
| STREET ADDRESS                 |   |   | 4.3 STREET ADDRESS                                       |  |
| CITY-ST-ZIP                    |   |   | 4.4 CITY - ST - ZIP                                      |  |
| TITLE                          |   | ☐ DELETE  | 5.1 TITLE  | Change Addition  |
| NAME                           |   |   | 5.2 NAME   |  |
| STREET ADDRESS                 |   |   | 5.3 STREET ADDRESS                                       |  |
| CITY-ST-ZIP                    |   |   | 5.4 CITY - ST - ZIP                                      |  |
| TITLE                          |   | ☐ DELETE  | 6.1 TITLE  | Change Addition  |
| NAME                           |   |   | 6.2 NAME   |  |
| STREET ADORESS                 |   |   | 63 STREET ADDRESS  |  |
| i                              |   |   | 6.4 CITY - ST - ZIP                                      | · ·  |

14. I 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:

Ila Fegle

3/11/98

850-837-9585