PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

LEGACY Principal Place 28 WEST NEW ELAND FL 323	GOLF PROM	OTIONS, INC	Mailing 228 WES	Address ST NEW YORK AV FL 32720	E	 	DO NOT WRITE IN T		
							3. Date incorporated or Qualifed	7.02	
							05/01/1997		
2. Principal Pl	lace of Business		Za. Mai	ling Address			4. FEI Number	Ap	plied For
			26				58-2313852	No	t Applicable
	#, etc		===Sui	e_Apt.#, etc			5. Certificate of Status Desired		dditional
2			27				5. Certificate of Operato Booking	Fee Re	
City & State	9		City	& State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip		ountry	Zip		Coun	itry	8. This corporation owes the current year		
ก	25		29		30	-	Personal Property Tax.	[]Yes	□No
<u>'\</u>		Address of Curre		J Agent			10. Name and Address of New Registe	red Agent	
			·····			81 Name			
SHIERLING, GEORGE E					}	82 Street Ad	cress (P.O. Box Number is Not Acceptable)		
228 WEST NEW YORK AVE		į							
DELA	ND FL 32720					83			
					-	84 City		85 Zip C	ode
11. Pursuant office or n	to the provisions o egistered agent, or m familiar with, an	f Sections 607.05 both, in the State	502 and 607.15 e of Florida. Sugations of, Sect	508, Florida Statu uch change was : tion 607.0505, Fl:	- 1		poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its ppointment as rec	
SIGNATURE	to the provisions o egistered agent, or m familiar with, an	d name of registered ag	point and title if applic	able (NOT	tes, the ab authorized orida Statu	ove-named col by the corpora tes.	rporation submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its ppointment as reg	registered pistered
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE REQUIRED

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Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90025 042 ***150.00