

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90198 001 ***150.00

DOCUMENT # P97000040182

1. Corporation Name LEGACY HOMES & INVESTMENTS III, INC.



Principal Place of Business 392 S.W. 187TH TERRACE PEMBROKE PINES FL 33029 Mailing Address 392 S.W. 187TH TERRACE PEMBROKE PINES FL 33029

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
965 N. Nob Hill Rd		965 N. Nob Hill Rd		05/06/1997	
Suite, Apt. #, etc. # 124		Suite, Apt. #, etc. # 124		4. FEI Number 65-0754020 Applied For Not Applicable	
City & State Plantation FL		City & State Plantation FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33324 Country USA		Zip 33324 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent JONES, FAMIKO 392 S.W. 187TH TERRACE PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent 81 Name Famiko Jones 82 Street Address (P.O. Box Number is Not Acceptable) 2001 NW 194 Terr 83 84 City Miami FL 85 Zip Code 33056

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: *Jamiko Jones*

DATE: 04-23-99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	P HINNANT, ZINE 965 NORTH NOB HILL ROAD #124 PLANTATION FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE Family P/D Jones, Famiko 1.2 NAME 1.3 STREET ADDRESS 945 N. Nob Hill Rd #124 1.4 CITY-ST-ZIP Plantation, FL 33324
<input checked="" type="checkbox"/> DELETE	D JONES, FAMIKO 392 S.W. 187TH TERRACE PEMBROKE PINES FL 33025	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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.

SIGNATURE: *Jamiko Jones* REQUIRED 04-23-99 (954) 961-0111

CR2E034 (11/98)