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

P97000070107 (2) **DOCUMENT #**

LEGENDARY PROPERTIES, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



820 BEACHLAND BLVD 820 BEACHLAND BLVD. SARASOTA FL 32963 SARASOTA FL 32963 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 2441 SIST Street Suite, Apl. #, etc. 2441 SIST Street **65-077474**5 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Sarasota 23 Sarasota 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible AZU 24 342-34 AZU 25 Personal Property Tax due June 30. Yes M No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SULLIVAN, MICHAEL E 1162 \$0UTH U.S. 1 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 32962 2441 51st Street 83 11. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change . 1.1 TITLE P/S/D **SULLIVAN, MICHAEL E** NAME 1.2 NAME 2441 51st Street 820 BEACHLAND BLVD. STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL 32963** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 THLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP 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 TITLE DELETÉ 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Addition 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 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.

Michael Sullivan