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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000088120 (5) DOCUMENT

Principal Place of Business Mailing Address SUITE 505 SUITE 505 4400 P.G.A. BLVD 4400 P.G.A. BLVD PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410

FILED Apr 23 1998 8:00am Secretary of State

L & S LEGACY CORP. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0788647 Not Applicable 21 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Ζφ Country Country Zio 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HACKNEY, ROBERT C SUITE 505 82 Street Address (P.O. Box Number is Not Acceptable) 4400 P.G.A. BLVD 83 PALM BEACH GARDENS FL 33410 84 Zip Code 85 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Addition Change THILE 1.1 THUE HACKNEY, ROBERT C NAME 12 NAME SUITE 505, 4400 P.G.A. BLVD. STREFT ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change THILE 31 TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST ZIP 3.4. CITY-S1-7IP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME STREET AUDRESS 53 STREET ADDRESS CITY-ST-ZIF 54 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE THILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 City - St - 7IP CITY - \$1 - 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 supplieriental 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 unity an address.

SIGNATURE:

SIGNATURE:

CR2E034 (10/97