FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 92134 001 ***600.00

DOCUMENT # P97000088120

L & S LEGACY CORP.



DO NOT WRITE	IN THIS SP	ACE	55037843
2. Principal Place of Business 11891 U.S. Highway One	3. Mailing Address 11891 U.S.	Highway One	
Suite, Apt. #, etc. Suite 105	Suite Apt. #, etc. Suite 105		DO NOT WRITE IN THIS SPACE
City & State North Palm Beach, FL	City & State North Palm	Beach, FL	4. FE! Number Applied For 65-0788647 Not Applicable
Zip Country 33408	Zip 33408	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
		Name	7. Name and Address of Current Registered Agent
DO NOT WRITE IN THIS SPACE			bert C. Hackney (P.O. Box Number is Not Acceptable) 891 U.S. Highway One, Ste. 105
		City	rth Palm Beach FL Zin Code 33408
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatury, typed or printed name of registered agent and tale if applicants. (NOTE: Registered Agent signature required when renesting) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61,25 Make Check Payable to Florida Department of S	State		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
10. OFFICERS AND D	DIRECTORS	TITLE	6
NAME Robert C. Hackne STREET ADDRESS 11891 U.S. Hwy. CTY-ST-ZP North Palm Beach	One, Ste. 10	NAME	CR2E0348 (12/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY_ST-ZIP	
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12. 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 report or supplemental 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 of sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. SIGNATURE. ROBENT C. HACKNET 424 03 56 - 776 - 8600			
SIGNATURE: ROBERT C. HACKNET 9/24/03 56(-776-8600) SIGNATURE AND TYPES OFFICIAL DAME OF SIGNING OFFICER OR DIRECTOR Date Destroy Phone 8			