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 Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90036 046 ***150.00

DOCUMENT # P98000083274

1. Corporation Name

LEGACY	DEVELOPMENT GROUP, I	NC.							
Principal P ac	e of Business	Mailing Address				98 (1881 179 1879 1911 8811	ı u llıl s unn ustal	FRIER HAND AND IN	1011 8181 1681
2240 BELLEAIR CLEARWATER F	2240 BELLEAIR ROAD SUI CLEARWATER FL 33764	JITE 160		DO NOT WRITE IN THIS SPACE 3. Date hicorporated or Qualified					
						/1998			
2. Principal P	Place of Business	2a. Mailing Address			59°	<u>-353 6</u>	2010	Not	hied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifo	ate of Status Desired		\$8.75 A Fee Rec	
City & Stat	e	City & State				n Campaign Financir	ng 🗆	\$5.00 I Added to	, ,
Zip	Country	Zip	Country		8. This on	orporation owes the o	urrent year In	tangible	□No
24	9. Name and Address of Curren		30			al Property Tax. and Address of New	w Registered		
PATE	EL, SANDIP I	Legistered Agent	81	Name					
2240 BELLEAIR ROAD SUITE 160 CLEARWATER FL 33764				Street Add	dress (P.O. Bo)	. Number is Not Acce	ptable)		
0			83	City		<u></u>		85 Zip C	ode
							<u> </u>		
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and a cept the obligations.	of Florida. Such change was at	uthorized by t	named cor he corporat	tion's board of	lirectors. I hereby ac	cept the appo	intment as reg	istered
SIGNATURE							DATE		
12.	Signature, typed or printed nome of registered age	I) DIRECTORS	13.	signature req iii	red when reinstating)	ONS/CHANGES TO		ND DIRECTOR	RS IN 12
TITLE	D SITIOLING FOR	DELETE	1.1 TITLE	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u></u>	☐ Change	Addition
NAME.	PATEL, SANDIP I		1.2 NAME						
STREET ADDRESS	2240 BELLEAIR ROAD SUITE	160	1.3 STREET	ADDRESS					
	CLEARWATER FL 33764	100	14 CITY-ST-	,					
CITY-ST-ZIP	D	DELETE	2.1 TITLE	-				☐ Change	Addition
NAME	PATEL, MEHUL		2.2 NAME						
	AAAA BELLEAID DOAD ALITE	160	2.3 STREET	ADDRESS					-
STREET ADDRI-SS	CLEARWATER FL 33764	100	2.4 CITY-ST						
TITLE	CLEARWAILITE 33704	☐ DELETE	3.1 TITLE	-211				☐ Change	Addition
NAME			3.2 NAME	1					
			3.3 STREET	ADDRESS					
STREET ADDRESS			3.4 CITY-ST	l.					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	-ZIF				Change	Addition
			4. 2 NAME					_ ,	
NAME			4.3 STREET	ADDDESS					
STREET ADDRI SS									
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST- 5.1 TITLE	- 218				☐ Change	Addition
TITLE			5.1 MILE						
NAME			5.3 STREET	ADDRESS					
STREET ADDRESS			5.4 CITY-ST						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		 -	······		☐ Change	Addition
HILE	T. Control of the Con								

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further sertify 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIG	N/	ITU	JR	E

NAME

STREET ADDRESS

CITY-ST-ZIP

SANDIP I PATEL