

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:42**

DOCUMENT # P15266 (0)

1. Corporation Name

LEGEND INVESTMENT MANAGEMENT, INC.

Principal Place of Business

3920 RCA BLVD., SUITE #2004
PALM BEACH GARDENS FL 33410

Mailing Address

3920 RCA BLVD., SUITE #2004
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1987

3a. Date of Last Report

02/11/1994

4. FCI Number

13-3177203

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRIS, GLENN T.
3920 RCA BOULEVARD
PALM BEACH GARDENS FL 33410

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

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)

(Typed) Registered Agent signature (required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

RESTINO, PHILIP C.

STREET ADDRESS

22 ST. JAMES DR.

CITY, ST, ZIP

PALM BEACH GARDENS FL

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

TITLE

V

NAME

MCBAY, WALTER L.

STREET ADDRESS

4 RIVER CHASE TERRACE

CITY, ST, ZIP

PALM BEACH GRDNS FL

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

TITLE

SD

NAME

FERRIS, GLENN T.

STREET ADDRESS

12 ADMIRAL'S COURT

CITY, ST, ZIP

PALM BEACH GRDNS FL

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

TITLE

TD

NAME

RIPPE, SCOTT H.

STREET ADDRESS

218 FAIRWAY WEST

CITY, ST, ZIP

TEQUESTA FL

41 TITLE

☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

Del. to

TITLE

PD

NAME

SPINELLO, MARK J.

STREET ADDRESS

13387 WILLIAM MEYER COURT

CITY, ST, ZIP

PALM BEACH GARDENS FL

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

TITLE

T

NAME

Sharon P. Hood

STREET ADDRESS

8606 Thousand Pines Court

CITY, ST, ZIP

West Palm Beach, FL 33411

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

Glenn T. Ferris

Glenn T. Ferris, S / D

3/24/95 (407) 694-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area Code)