

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P15266** (0)

1. Corporation Name

LEGEND INVESTMENT MANAGEMENT, INC.



Principal Place of Business

Mailing Address

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

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PALM BEACH GARDENS FL 33410**

3. Date Incorporated or Qualified

07/21/1987

3a. Date of Last Report

03/30/1995

4. FEI 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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

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**

81 Name

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

83

Suite 2004

84 City

FL

85 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D RESTINO, PHILIP C.**
STREET ADDRESS **22 ST. JAMES DR.**
CITY-STATE-ZIP **PALM BEACH GARDENS FL**

TITLE ☒ DELETE

NAME **V MCBAY, WALTER L.**
STREET ADDRESS **4 RIVER CHASE TERRACE**
CITY-STATE-ZIP **PALM BEACH GRDNS FL**

TITLE ☐ DELETE

NAME **SD FERRIS, GLENN T.**
STREET ADDRESS **12 ADMIRAL'S COURT**
CITY-STATE-ZIP **PALM BEACH GRDNS FL**

TITLE ☒ DELETE

NAME **T HOOD, SHARON P**
STREET ADDRESS **8606 THOUSAND PINE COURT**
CITY-STATE-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE

NAME **PD SPINELLO, MARK J.**
STREET ADDRESS **13367 WILLIAM MEYER COURT**
CITY-STATE-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V/T/D** ☒ Change ☐ Addition

1.2 NAME **Glenn T. Ferris**
1.3 STREET ADDRESS **417 Woodview Circle**
1.4 CITY-STATE-ZIP **Palm Beach Gardens, FL 33418**

2.1 TITLE **S** ☐ Change ☒ Addition

2.2 NAME **David W. Homard**
2.3 STREET ADDRESS **4503 Water Oak Court**
2.4 CITY-STATE-ZIP **Palm Beach Gardens, FL 33410**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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 119.07(3)(k), 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 V/T/D

01-26-96 (407) 694-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)