
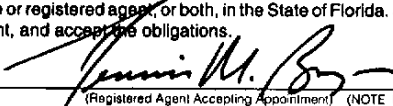
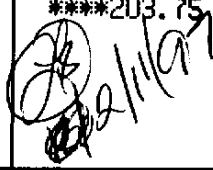



FILE NOW: Fee after May 1, will be \$588.75

JAN. 30 REC'D

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000624	
CORPORATE LEGENDS, L.C. 105 S NARCISSUS AVE STE 702 WEST PALM BEACH FL 33406		1121 S. Congress Ave 105 S NARCISSUS AVE STE 702 WEST PALM BEACH FL	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business 1121 S. CONGRESS AVE Suite, Apt. #, etc.		2a. Mailing Address same City & State FL Zip 33406	
City & State WPB		City & State FL	
Zip 33406		Country USA	
3. Date Organized or Qualified 06/06/1996		3a. State of Formation FL	
4. FEI Number 65-0660-666		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Date of Last Report Jan 8, 1997		6. Certificate of Status Desired SBC - Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent BOYCE, DENNIS M 105 S NARCISSUS AVE STE 702 WEST PALM BEACH FL		8. Name and Address of New Registered Agent Name DENNIS M. Boyce Street Address (P.O. Box Number is Not Acceptable) 631 U.S. Highway ONE Suite, Apt. #, etc. SUITE 404 City NORTH PALM BEACH FL Zip Code 33408	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE  DATE 1/31/97 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	MAZER, MORTON	701 CAPTAINS WAY	JUPITER FL
MGRM	MAZER, ANDREW A MAYER, ANDREW A	230 COMMODORE DR	JUPITER FL
600002084936--4 -02/12/97--01027--020 ****203.75 ****203.75 			
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			