


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000624			
CORPORATE LEGENDS, L.C. 1121 S. CONGRESS AVENUE WEST PALM BEACH FL 33406		<i>98-APM</i>			
2. Principal Place of Business		2a. Mailing Address		1a. Principal Place of Business Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1121 S. CONGRESS AVENUE WEST PALM BEACH FL 33406	
City & State		City & State		3. Date Organized or Qualified 06/06/1996	
Zip		Country		3a. State of Formation FL	
4. FEI Number 65-0660666		5. Date of Last Report 02/10/1997		6. Certificate of Status Desired S8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
BOYCE, DENNIS M 631 U.S. HIGHWAY ONE SUITE 404 NORTH PALM BEACH FL 33408			Name Street Address (P.O. Box Number is Not Acceptable) 200002482592--7 -04/08/98--01061--013 Suite, Apt. #, etc. ****188.75 ****188.75 City FL Zip Code		
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	MAZER, MORTON	701 CAPTAINS WAY		JUPITER FL	
MGRM	MAYER, ANDREW A	230 COMMODORE DR		JUPITER FL	

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: *ANDREW A. MAYER* *Andrew A. Mayer* *9/1/98* *561 744-1595*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #