

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:35

DOCUMENT # P15083 (9)
1. Corporation Name
LEGEND ADVISORY CORPORATION

Principal Place of Business Mailing Address
3920 RCA BLVD #2004 **3920 RCA BLVD #2004**
PALM BEACH GARDENS FL 33410 **PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
06/30/1987 **01/28/1994**

4. FEI Number Applied For
13-2935555 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

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
SPINELLO, MARK J.
3920 RCA BLVD.
SUITE 2004
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RESTINO, PHILIP C
STREET ADDRESS	22 ST. JAMES DRIVE
CITY ST. ZIP	PALM BEACH GARDENS FL
TITLE	PD
NAME	SPINELLO, MARK J
STREET ADDRESS	13367 WILLIAM MEYER COURT
CITY ST. ZIP	PALM BEACH GARDENS FL
TITLE	VS
NAME	FERRIS, GLENN T.
STREET ADDRESS	12 ADMIRALS COURT
CITY ST. ZIP	PALM BCH GARDENS FL.
TITLE	VTD
NAME	RIPPE, SCOTT H.
STREET ADDRESS	218 FAIRWAY WEST
CITY ST. ZIP	PALM BCH GARDENS FL
TITLE	VD
NAME	MCBAY, WALTER L.
STREET ADDRESS	4 RIVER CHASE TERRACE
CITY ST. ZIP	PALM BCH GARDENS FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY ST. ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Executive Vice President & Director & Secretary
23. STREET ADDRESS	
24. CITY ST. ZIP	
31. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Vice President & Treasurer
33. STREET ADDRESS	
34. CITY ST. ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	Delete
43. STREET ADDRESS	
44. CITY ST. ZIP	
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	Delete
53. STREET ADDRESS	
54. CITY ST. ZIP	
61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	President & Director
63. STREET ADDRESS	Michael J. Provines
64. CITY ST. ZIP	122 Windward Drive Palm Beach Gardens, FL 33418

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, unchanged, or as an attachment with an addition.

SIGNATURE: **Glenn T. Ferris, VP & Treasurer** 3/24/95 (407) 694-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #