

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 # **P15083** (9)

1. Corporation Name
LEGEND ADVISORY CORPORATION



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

3. Date Incorporated or Qualified: **06/30/1987**
3a. Date of Last Report: **03/30/1995**
4. FEI Number: **13-2935555**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RESTINO, PHILIP C		1.2 NAME: Glenn T. Ferris	
STREET ADDRESS: 22 ST. JAMES DRIVE		1.3 STREET ADDRESS: 417 Woodview Circle	<input checked="" type="checkbox"/>
CITY-ST-ZIP: PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP: Palm Beach Gardens, FL 33418	
TITLE: VPDS	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SPINELLO, MARK J		2.2 NAME:	
STREET ADDRESS: 13367 WILLIAM MEYER COURT		2.3 STREET ADDRESS:	
CITY-ST-ZIP: PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP:	
TITLE: VPT	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FERRIS, GLENN T.		3.2 NAME:	
STREET ADDRESS: 12 ADMIRALS COURT	<input checked="" type="checkbox"/>	3.3 STREET ADDRESS:	
CITY-ST-ZIP: PALM BCH GARDENS FL		3.4 CITY-ST-ZIP:	
TITLE: PD	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PROVINES, MICHAEL J		4.2 NAME:	
STREET ADDRESS: 122 WINDWARD DRIVE		4.3 STREET ADDRESS:	
CITY-ST-ZIP: PALM BCH GARDENS FL		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-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** 01-26-96 (407)694-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)