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**Feb 18 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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 33410-4296**

3. Date Incorporated or Qualified: **06/30/1987** 3a. Date of Last Report: **02/08/1996**
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

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
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	RESTINO, PHILIP C
STREET ADDRESS	22 ST. JAMES DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	VPDS <input checked="" type="checkbox"/> DELETE
NAME	SPINELLO, MARK J
STREET ADDRESS	13367 WILLIAM MEYER COURT
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	VPT <input type="checkbox"/> DELETE
NAME	FERRIS, GLENN T.
STREET ADDRESS	417 WOODVIEW CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	PROVINES, MICHAEL J
STREET ADDRESS	122 WINDWARD DRIVE
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark A. Bucciare
2.3 STREET ADDRESS	3920 RCA Blvd Ste 2004
2.4 CITY-ST-ZIP	Palm Bch Gardens, FL 33410
3.1 TITLE	President & Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Glenn T. Ferris
3.3 STREET ADDRESS	3920 RCA Blvd Ste 2004
3.4 CITY-ST-ZIP	Palm Bch Gardens, FL 33410
4.1 TITLE	Director (only) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Michael J. Provines
4.3 STREET ADDRESS	3920 RCA Blvd Ste 2004
4.4 CITY-ST-ZIP	Palm Bch Gdns, FL. 33410
5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kelley J. Bouman
5.3 STREET ADDRESS	3920 RCA Blvd Ste 2004
5.4 CITY-ST-ZIP	Palm Bch Gardens, FL. 33410
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: _____ **REQUIRED** **Glenn T. Ferris** **7/10/97** **561-694-0110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)