

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/30/1987	
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	
22		27		13-2935555	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPINELLO, MARK J. 3920 RCA BLVD. SUITE 2004 PALM BEACH GARDENS FL 33410				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESTINO, PHILIP C	1.2 NAME	Philip C. Restino
STREET ADDRESS	22 ST. JAMES DRIVE	1.3 STREET ADDRESS	22 St. James Drive
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL.
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCCIERE, MARK	2.2 NAME	
STREET ADDRESS	3920 RCA BLVD STE 2004	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	417 WOODVIEW CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROVINES, MICHAEL J	4.2 NAME	Michael J. Provinces
STREET ADDRESS	122 WINDWARD DRIVE	4.3 STREET ADDRESS	122 Windward Drive
CITY-ST-ZIP	PALM BCH GARDENS FL	4.4 CITY-ST-ZIP	Palm Bch Gdns, FL
TITLE	PT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRIS, GLEN T	5.2 NAME	Paula Golino
STREET ADDRESS	3920 RCA BLVD STE 2004	5.3 STREET ADDRESS	3920 RCA Blvd Ste 2004
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, KELLY J	6.2 NAME	
STREET ADDRESS	3920 RCA BLVD STE 2004	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP	

14. I 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: *Kelley J. Bowman* Kelley J. Bowman 2/18/98 561-694-0110

CR2E034 (10/97)