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Secretary of State

03-08-1999 90046 015 ***150.00

USC004K

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P15083

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

3. Date Incorporated or Qualified
06/30/1987

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 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 _____ (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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESTINO, PHILIP C	1.2 NAME	
STREET ADDRESS	22 ST. JAMES DRIVE	1.3 STREET ADDRESS	24 St. George Place
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESTINO, PHILIP C	2.2 NAME	
STREET ADDRESS	22 ST JAMES DRIVE	2.3 STREET ADDRESS	24 St. George Place
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL. 33410
TITLE	VPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRIS, GLENN T.	3.2 NAME	Treasurer
STREET ADDRESS	417 WOODVIEW CIRCLE	3.3 STREET ADDRESS	Paula Golind
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	10355 Sandy Run Rd.
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROVINES, MICHAEL J	4.2 NAME	VP
STREET ADDRESS	122 WINDWARD DRIVE	4.3 STREET ADDRESS	102 SIENNA OAKS CIRCLE WEST
CITY-ST-ZIP	PALM BCH GARDENS FL	4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33410
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVINES, MICHAEL J	5.2 NAME	
STREET ADDRESS	3920 RCA BLVD STE 2004	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 3/3/99 Date
 561-694-0110 Daytime Phone #

CR2E034 (11/98)