FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:42

DOCUMENT # **P15266** **(0)**

1. Corporation Name

LEGEND INVESTMENT MANAGEMENT, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1987**
3a. Date of Last Report: **02/11/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: **13-3177203** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FERRIS, GLENN T. 3920 RCA BOULEVARD PALM BEACH GARDENS FL 33410	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 signer is... (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RESTINO, PHILIP C.	12 NAME	
STREET ADDRESS	22 ST. JAMES DR.	13 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GARDENS FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MCBAY, WALTER L.	22 NAME	
STREET ADDRESS	4 RIVER CHASE TERRACE	23 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GRDNS FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	FERRIS, GLENN T.	32 NAME	
STREET ADDRESS	12 ADMIRAL'S COURT	33 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GRDNS FL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	RIPPE, SCOTT H.	42 NAME	
STREET ADDRESS	218 FAIRWAY WEST	43 STREET ADDRESS	Delete
CITY ST ZIP	TEQUESTA FL	44 CITY ST ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	SPINELLO, MARK J.	52 NAME	
STREET ADDRESS	13387 WILLIAM MEYER COURT	53 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GARDENS FL	54 CITY ST ZIP	
TITLE		61 TITLE	T ☐ Change ☒ Addition
NAME		62 NAME	Sharon P. Hood
STREET ADDRESS		63 STREET ADDRESS	8606 Thousand Pines Court
CITY ST ZIP		64 CITY ST ZIP	West Palm Beach, FL 33411

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