

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 # 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

3. Date Incorporated or Qualified 07/21/1987	3a. Date of Last Report 03/30/1995
4. FEI Number 13-3177203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 Suite 2004
84 City
85 FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	V/T/D
NAME	RESTINO, PHILIP C.	1.2 NAME	Glenn T. Ferris
STREET ADDRESS	22 ST. JAMES DR.	1.3 STREET ADDRESS	417 Woodview Circle
CITY - ST - ZIP	PALM BEACH GARDENS FL	1.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33418
TITLE	V	2.1 TITLE	S
NAME	MCBAY, WALTER L.	2.2 NAME	David W. Homard
STREET ADDRESS	4 RIVER CHASE TERRACE	2.3 STREET ADDRESS	4503 Water Oak Court
CITY - ST - ZIP	PALM BEACH GRDNS FL	2.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410
TITLE	SD	3.1 TITLE	
NAME	FERRIS, GLENN T.	3.2 NAME	
STREET ADDRESS	12 ADMIRAL'S COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GRDNS FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	
NAME	HOOD, SHARON P	4.2 NAME	
STREET ADDRESS	8606 THOUSAND PINE COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	
NAME	SPINELLO, MARK J.	5.2 NAME	
STREET ADDRESS	13367 WILLIAM MEYER COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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/D

01-26-96 (407) 694-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)