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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 # P15266 (0)

1. Corporation Name
LEGEND INVESTMENT MANAGEMENT, INC.



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

Mailing Address
**3920 RCA BLVD., SUITE #2004
PALM BEACH GARDENS FL 33410-4296**

3. Date Incorporated or Qualified
07/21/1987

3a. Date of Last Report
02/08/1996

4. FEI Number
13-3177203

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**FERRIS, GLENN T.
3920 RCA BOULEVARD
STE 2004
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** **65** 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	RESTINO, PHILIP C.	
STREET ADDRESS	22 ST. JAMES DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOMARD, DAVID W	
STREET ADDRESS	4503 WATER OAK CT	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	FERRIS, GLENN T.	
STREET ADDRESS	417 WOODVIEW CIR	
CITY-ST-ZIP	PALM BEACH GRDNS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SPINELLO, MARK J.	
STREET ADDRESS	13367 WILLIAM MEYER COURT	
CITY-ST-ZIP	PALM BEACH 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Secretary
2.3 STREET ADDRESS	Kelley J. Bowman
2.4 CITY-ST-ZIP	3920 RCA Blvd Suite 2004
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	President & Treasurer: Dr.
3.3 STREET ADDRESS	Glenn T. Ferris
3.4 CITY-ST-ZIP	3920 RCA Blvd Suite 2004
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Vice President
5.3 STREET ADDRESS	Mark A. Bucciere
5.4 CITY-ST-ZIP	3920 RCA Blvd Suite 2004
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn T. Ferris
Pres./Treasurer

Date

Daytime Phone #

CR2E034 (9/96)