

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

**FILED**

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

**3. Date Incorporated or Qualified 07/21/1987 3a. Date of Last Report 02/08/1996**

**2. Principal Place of Business 2a. Mailing Address 4. FEI Number 13-3177203 Applied For Not Applicable**  
**21 Suite, Apt #, etc. 26 Suite, Apt #, etc.**  
**22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required**  
**23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees**  
**24 25 29 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 STE 2004 PALM BEACH GARDENS FL 33410**  
**61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 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 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                      | <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>D RESTINO, PHILIP C.</b>                | 1.2 NAME  |   |
| STREET ADDRESS             | <b>22 ST. JAMES DR.</b>                    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PALM BEACH GARDENS FL</b>               | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>S HOMARD, DAVID W</b>                   | 2.2 NAME  | <b>Secretary Kelley J. Bowman</b>   |
| STREET ADDRESS             | <b>4503 WATER OAK CT</b>                   | 2.3 STREET ADDRESS                                    | <b>3920 RCA Blvd Suite 2004</b>   |
| CITY-ST-ZIP                | <b>PALM BEACH GRDNS FL</b>                 | 2.4 CITY-ST-ZIP                                       | <b>Palm Beach Gardens, Fl. 33410</b>  |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>VTD FERRIS, GLENN T.</b>                | 3.2 NAME  | <b>President &amp; Treasurer: Dr. Glenn T. Ferris</b>                                   |
| STREET ADDRESS             | <b>417 WOODVIEW CIR</b>                    | 3.3 STREET ADDRESS                                    | <b>3920 RCA Blvd Suite 2004</b>   |
| CITY-ST-ZIP                | <b>PALM BEACH GRDNS FL</b>                 | 3.4 CITY-ST-ZIP                                       | <b>Palm Beach Gardens, Fl. 33410</b>  |
| TITLE                      | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>PD SPINELLO, MARK J.</b>                | 4.2 NAME  |   |
| STREET ADDRESS             | <b>13367 WILLIAM MEYER COURT</b>           | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PALM BEACH GARDENS FL</b>               | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  | <b>Vice President Mark A. Bucciere</b>  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    | <b>3920 RCA Blvd Suite 2004</b>   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       | <b>Palm Bch Gardens, Fl. 33410</b>  |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 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 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] REQUIRED Glenn T. Ferris 2/10/97 561-694-0110**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)