

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 _____ Suite, Apt. #, etc. 22 _____ City & State 23 _____ Zip _____ Country _____ 24 _____ 25 _____		2a. Mailing Address 26 _____ Suite, Apt. #, etc. 27 _____ City & State 28 _____ Zip _____ Country _____ 29 _____ 30 _____		3. Date Incorporated or Qualified 07/21/1987	4. FEI Number 13-3177203	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 _____ 84 City FL 85 Zip Code		
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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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESTINO, PHILIP C.	1.2 NAME	
STREET ADDRESS	22 ST. JAMES DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, KELLY J	2.2 NAME	
STREET ADDRESS	3920 RCA BLVD STE 2004	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GRDNS FL	2.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	President, Treasurer, Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRIS, GLENN T.	3.2 NAME	Glenn T. Ferris
STREET ADDRESS	417 WOODVIEW CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GRDNS FL	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCCIERE, MARK A	4.2 NAME	
STREET ADDRESS	3920 RCA BLVD STE 2004	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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: *Kelly J Bowman* *Kellen J. Bowman 3/18/98 561-694-0110*

CR2E034 (10/97)