


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 # P17840 (0)
1. Corporation Name
LEGEND NATIONAL CORPORATION

Principal Place of Business
3920 RCA BLVD #2004
PALM BEACH GARDENS FL 33410

Mailing Address
3920 RCA BLVD #2004
PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1988	
21		26		4. FEI Number 13-3095703	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRIS, GLENN T
3920 RCA BLVD.
STE 2004
PALM BEACH GARDENS FL 33410-0187

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

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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, KELLY J	1.2 NAME	
STREET ADDRESS	3920 RCA BLVD STE 2004	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	AVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, GLENN T.	2.2 NAME	Glenn T. Ferris
STREET ADDRESS	12 ADMIRAL'S CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GRDNS FL	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLINS, PAULA	3.2 NAME	Paula Golino - Spelling
STREET ADDRESS	3920 RCA BLVD STE 2004	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVINES, MICHAEL J	4.2 NAME	Michael J. Provines
STREET ADDRESS	122 WINDWARD DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	4.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARNER, JAY	5.2 NAME	Brian D. Gordon
STREET ADDRESS	3920 RCA BLVD STE 2004	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	5.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINELLO, MARK J.	6.2 NAME	
STREET ADDRESS	13367 WILLIAM MEYER COURT	6.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL	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

Kelly J. Bowman

3/18/98

561-6940112

CR2E034 (10/97)