

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:57

DOCUMENT # **P21056** (7)

1. Corporation Name

LEGEND SERVICES CORPORATION

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/27/1988** 3a. Date of Last Report **02/14/1994**

4. FEI Number **65-0065739** Applied For Not Applicable

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 2a. Mailing Address

21 26

22 Suite, Apt. #, etc 27 Suite, Apt. #, etc

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPINELLO, MARK J.
3920 RCA BLVD.
SUITE 2004
PALM BEACH GARDENS FL 33410

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 required for printed name of registered agent and title, if applicable)

(Signature required for registered agent signature required when nonresident)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|---------------------------|
| TITLE | D |
| NAME | SPINELLO, MARK J |
| STREET ADDRESS | 13367 WILLIAM MAYER COURT |
| CITY - ST - ZIP | PALM BEACH GARDENS FL |
| TITLE | S |
| NAME | COGNETTI, LAURA J |
| STREET ADDRESS | 1084 RAINTREE DRIVE |
| CITY - ST - ZIP | PALM BEACH FL |
| TITLE | VTD |
| NAME | RIPPE, SCOTT H. |
| STREET ADDRESS | 218 FAIRWAY WEST |
| CITY - ST - ZIP | TEQUESTA FL |
| TITLE | D |
| NAME | RESTINO, PHILIP C. |
| STREET ADDRESS | 22 ST JAMES DR |
| CITY - ST - ZIP | PALM BEACH GARDENS FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|---------------------|--|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 360 Hammocks Trail |
| 2.4 CITY - ST - ZIP | West Palm Beach, FL 33413 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Delete |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | T Sharon P. Hood |
| 5.3 STREET ADDRESS | 8606 Thousand Pines Court |
| 5.4 CITY - ST - ZIP | West Palm Beach, FL 33411 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | P Walter L. McEay |
| 6.3 STREET ADDRESS | 4 River Chase Terrace |
| 6.4 CITY - ST - ZIP | Palm Beach Gardens, FL 33418 |

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 110.07(3)(b), 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 its owner or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an amendment with an address.

SIGNATURE:

Mark J. Spinello, Director 3/24/95 (407)694-0110

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Optional Phone #)