

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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	3. Date Incorporated or Qualified 09/27/1988	3a. Date of Last Report 03/30/1995
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number 65-0065739	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 has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SPINELLO, MARK J. 3920 RCA BLVD. SUITE 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	

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 _____ (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	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPINELLO, MARK J	1.2 NAME	Mark J. Spinello
STREET ADDRESS	13367 WILLIAM MAYER COURT	1.3 STREET ADDRESS	13367 William Meyer Court
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COGNETTI, LAURA J	2.2 NAME	Glenn T. Ferris
STREET ADDRESS	360 HAMMOCKS TRAIL	2.3 STREET ADDRESS	417 Woodview Circle
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOD, SHARON P	3.2 NAME	Michael J. Provines
STREET ADDRESS	8806 THOUSAND PINES COURT	3.3 STREET ADDRESS	122 Windward Drive
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	RESTINO, PHILIP C.	4.2 NAME	
STREET ADDRESS	22 ST JAMES DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBAY, WALTER L	5.2 NAME	
STREET ADDRESS	4 RIVER CHASE TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Glenn T. Ferris** V/T 01-26-96 (407)694-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)