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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

PALM BEACH GARDENS FL 33410

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3920 RCA BLVD.

SUITE 2004

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22

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24

Zip



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P21056

(7)

Mailing Address

3920 RCA BLVD.

City & State

Zip

SUITE 2004

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LEGEND SERVICES CORPORATION

Country

9. Name and Address of Current Registered Agent

25

SPINELLO, MARK J.

3920 RCA BLVD.

SUITE 2004

Secretary of State PALM BEACH GARDENS FL 33410-4298 3. Date Incorporated or Qualified 3a. Date of Last Report 09/27/1988 02/08/1996 2a. Mailing Address 4. FEI Number Applied For 65-0065739 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 30 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)

FILED

Feb 18 1997 8:00am

PALM BEACH GARDENS FL 33410			83		· · · · · · · · · · · · · · · · · · ·				
			84	City	F	:L	85	Zip C	ode
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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature: typod or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE Output DATE									
12.	OFFICERS AND DIRECTO		13.	ar aith saich	ADDITIONS/CHANGES TO OFFICERS A	_	IRFC	TOR	N 12
TITLE	SO	DELETE	1.1 TITLE				Cha		Addition
NAME	SPINELLO, MARK J	_	1.2 NAME	*		-	_		
STREET ADDRESS	13367 WILLIAM MAYER COURT		1.3 STREET	ADDRESS					
CITY-ST-7IP	PALM BEACH GARDENS FL		1.4 CITY - S		·				
TITLE	VT	☐ DELETE	2.1 TITLE			T.	Cha	เกติย	Addition
NAME	Ferris, Glenn T		2.2 NAME					•	
STREET ADDRESS	417 WOODVIEW CIR		2.3 STREET	ADDRESS					
CITY-ST-ZIP	PALM BCH GARDENS FL		2. 4 CITY - S	T-ZIP					
1ITLE	PD	DELETE	3.1 TITLE				Cha	inge	Addition
NAME	PROVINES, MICHAELJ		3.2 NAME						
STREET ADDRESS	122 WINDWARD DR		3.3 STREET	ADDRESS					
CITY-ST-ZIP	PALM BCH GARDENS FL		3.4. CITY - 9	T-ZIP					
TITLE	D	DELETE	4.1 YITLE				Cha	inge	Addition
NAME	RESTINO, PHILIP C.		4. 2 NAME						
STREET ADDRESS	22 ST JAMES DR		4.3 STREET	ADDRESS					
CITY-ST-ZIF	PALM BEACH GARDENS FL		4.4 CITY - S	T-ZIP					
FITLE		☐ DELETE	5.1 TITLE				Cha	nge	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS	j .				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Cha	nge	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY - S						
14. I do hereb	by certify that the information supplied with this	iling does not qualify f	or the exe	mption :	stated in Section 119.07(3)(i), Florida Statutes. I fur	her c	ertify	that t	he

y supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name it, or on an attachment with an address. Lam an officer or director of the corporappears in Block 12 or Block 13 if cha

SIGNATURE:

DECUENDED Hem T. Ferris
INING OFFICER OR DIRECTOR

VIII PAS TIME VICE DES Treas