

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

FILED

**Apr 13 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1988	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0065739	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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 SPINELLO, MARK J. 3920 RCA BLVD. SUITE 2004 PALM BEACH GARDENS FL 33410			10. Name and Address of New Registered Agent		
			81 Name Glenn T. Ferris		
			82 Street Address (P.O. Box Number is Not Acceptable) 3920 RCA Blvd Ste 2004		
			83		
			84 City Palm Beach Gardens	85 State FL	86 Zip Code 33410

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]* **Glenn T. Ferris** DATE **3-18-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME SPINELLO, MARK J	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Secretary
STREET ADDRESS 13367 WILLIAM MAYER COURT	CITY-ST-ZIP PALM BEACH GARDENS FL		1.2 NAME Kelley J. Bowman
			1.3 STREET ADDRESS 3920 RCA Blvd Ste. 2004
			1.4 CITY-ST-ZIP Palm Beach Gardens, Fl. 33410
TITLE VT	NAME FERRIS, GLENN T	<input type="checkbox"/> DELETE	2.1 TITLE
STREET ADDRESS 417 WOODVIEW CIR	CITY-ST-ZIP PALM BCH GARDENS FL		2.2 NAME
			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
TITLE PD	NAME PROVINES, MICHAELJ	<input type="checkbox"/> DELETE	3.1 TITLE
STREET ADDRESS 122 WINDWARD DR	CITY-ST-ZIP PALM BCH GARDENS FL		3.2 NAME
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
TITLE D	NAME RESTINO, PHILIP C.	<input type="checkbox"/> DELETE	4.1 TITLE
STREET ADDRESS 22 ST JAMES DR	CITY-ST-ZIP PALM BEACH GARDENS FL		4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	5.1 TITLE
STREET ADDRESS			5.2 NAME
CITY-ST-ZIP			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			6.3 STREET ADDRESS
			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

CR2E034 (10/97)