FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:57

DOCUMENT # **P21057** **(5)**

1. Corporation Name
LEGEND FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
3920 RCA BLVD. SUITE 2004 PALM BEACH GARDENS FL 33410	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: 01/28/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 65-0066204 ☐ 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

9. Name and Address of Current Registered Agent

SEEGERS, EDITH A.
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 _____ DATE
Signature, typed or printed name of registered agent and date signed (required) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RESTINO, PHILLIP C.	12 NAME	
STREET ADDRESS	22 ST JAMES DR	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SEEGERS, EDITH A.	22 NAME	
STREET ADDRESS	4698 LUCERNE LAKES #104	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☒ Change ☐ Addition
NAME	RIPPE, SCOTT H.	32 NAME	Delete
STREET ADDRESS	218 FAIRWAY WEST	33 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	RESTINO, ROBERT R	42 NAME	
STREET ADDRESS	2C LEXINGTON LANE E	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	SPINELLO, MARK J	52 NAME	
STREET ADDRESS	13367 WILLIAM MEYER COURT	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	T ☐ Change ☒ Addition
NAME		62 NAME	Sharon P. Hood
STREET ADDRESS		63 STREET ADDRESS	8605 Thousand Pines Court
CITY-ST-ZIP		64 CITY-ST-ZIP	West Palm Beach, FL 33411

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)(i), Florida Statutes. I further certify that the information indicated on this 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 above, for an officer or director with an address.

SIGNATURE: Mark J. Spinello, V / D 3/24/95 (407)694-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0250008 CP