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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P21057 (5)
1. Corporation Name:
LEGEND FINANCIAL 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 33410-4296

3. Date Incorporated or Qualified 09/27/1988	3a. Date of Last Report 02/08/1996
4. FEI Number 65-0066204	Applied For 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	

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

9. Name and Address of Current Registered Agent SEEGER, EDITH A. 3920 RCA BLVD. SUITE 2004 PALM BEACH GARDENS FL 33410	10. Name and Address of New Registered Agent B1 Name MARK J. SPINELLO B2 Street Address (P.O. Box Number is Not Acceptable) 13367 William Meyer Court B3 B4 City Palm Beach Gardens FL B5 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	DATE 2/25/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME RESTINO, PHILLIP C.	11 TITLE Director	NAME Philip C. Restino
STREET ADDRESS 22 ST JAMES DR	CITY-ST-ZIP PALM BCH GARDENS FL	12 NAME	13 STREET ADDRESS 22 St. James Dr.
TITLE VSD	NAME SPINELLO, MARK J.	21 TITLE	22 NAME
STREET ADDRESS 13367 WILLIAM MEYER COURT	CITY-ST-ZIP PALM BEACH GARDENS FL	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE T	NAME FERRIS, GLENN T.	31 TITLE	32 NAME
STREET ADDRESS 417 WOODVIEW CIRCLE	CITY-ST-ZIP PALM BEACH GARDENS FL	33 STREET ADDRESS	34 CITY-ST-ZIP
TITLE VD	NAME RESTINO, ROBERT R	41 TITLE	42 NAME
STREET ADDRESS 2C LEXINGTON LANE E	CITY-ST-ZIP PALM BCH GARDENS FL	43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE VD	NAME SPINELLO, MARK J.	51 TITLE Director	NAME Michael J. Provines
STREET ADDRESS 13367 WILLIAM MEYER COURT	CITY-ST-ZIP PALM BEACH GARDENS FL	52 NAME	53 STREET ADDRESS 3920 RCA Blvd Ste 2004
TITLE	NAME	54 CITY-ST-ZIP	55 CITY-ST-ZIP PALM BCH GARDENS, FL. 33410
TITLE	NAME	61 TITLE	62 NAME
TITLE	NAME	63 STREET ADDRESS	64 CITY-ST-ZIP

14. I do 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.

SIGNATURE: DATE 1/1/97 DAYTIME PHONE 561-684-0110

CR2E034 (9/96)