

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 # **P22951** (8)
1. Corporation Name
THE LEGEND GROUP, INC.



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: **02/10/1989**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21. Suite, Apt. #, etc.
22. City & State
23. Zip, Country
24. Zip, Country

4. FEI Number: **65-0093256**
Applied For: 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
**SPINELLO, MARK J.
3920 RCA BLVD.
SUITE 2004
PALM BEACH GRDNS 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
NAME	RESTINO, PHILIP C	
STREET ADDRESS	22 ST. JAMES DRIVE	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPINELLO, MARK J.	
STREET ADDRESS	13367 WILLIAM MEYER COURT	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOOD, SHARON P	
STREET ADDRESS	8606 THOUSAND PINES COURT	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCBAY, WALTER L	
STREET ADDRESS	4 RIVER CHASE TERRACE	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Glenn T. Ferris	
1.3 STREET ADDRESS	417 Woodview Circle	
1.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33418	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David W. Homard	
2.3 STREET ADDRESS	4503 Water Oak Court	
2.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bruce H. Bruinsma	
3.3 STREET ADDRESS	250 W. Colorado Blvd., Suite 150	
3.4 CITY - ST - ZIP	Arcadia, CA 91007	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mark J. Spinello	
4.3 STREET ADDRESS	13367 William Meyer Court	
4.4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 or changed, or on an attachment with an address.

SIGNATURE: **Glenn T. Ferris** P/T 01-29-96 (407) 694-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)