

**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 # **618782** (7)

1. Corporation Name  
**EQUITY DEVELOPMENT, INC.**



Principal Place of Business Mailing Address  
**%MENDOZA, CALLAS & SCHILLING**  
**251 ROYAL PALM WAY, P.O. BOX 2715**  
**PALM BEACH FL 33480**

3. Date Incorporated or Qualified <b>04/26/1979</b>	3a. Date of Last Report <b>02/20/1995</b>
4. FEI Number <b>59-1917094</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 Country	28. Zip Country
24. 25.	29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MENDOZA, CALLAS & SCHILLING**  
**251 ROYAL PALM WAY**  
**SIXTH FLOOR**  
**PALM BEACH FL 33480-1310**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 of principal officer or director of registered agent and filer if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PDS MERIN, NEIL ERIC</b>	1.2 NAME	
STREET ADDRESS	<b>251 ROYAL PALM WAY</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM BEACH FL</b>	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEMENDOZA, MARIO G., III</b>	2.2 NAME	
STREET ADDRESS	<b>251 ROYAL PALM WAY</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM BEACH FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILKINSON, DEBRA</b>	3.2 NAME	
STREET ADDRESS	<b>251 ROYAL PALM WAY</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM BCH. FL</b>	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T MERIN, NEIL ERIC</b>	4.2 NAME	
STREET ADDRESS	<b>251 ROYAL PALM WAY</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM BEACH FL</b>	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 if changes, or in an attachment, with an address

SIGNATURE: *[Signature]* DATE: **2/5/96** (407) 471-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Neil Eric Merin, President**

CRE034 (12/95)