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**Feb 14 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 # 618782 (7)
1. Corporation Name
EQUITY DEVELOPMENT, INC.



Principal Place of Business: **MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, P.O. BOX 2715 PALM BEACH FL 33480**
Mailing Address: **MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, P.O. BOX 2715 PALM BEACH FL 33480-4302**

3. Date incorporated or Qualified: **04/26/1979** 3a. Date of Last Report: **02/21/1996**
4. FEI Number: **59-1917094** 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

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

9. Name and Address of Current Registered Agent
**MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY
SIXTH FLOOR
PALM BEACH FL 33480-1310**

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
TITLE: **PDS** DELETE
NAME: **MERIN, NEIL ERIC**
STREET ADDRESS: **251 ROYAL PALM WAY**
CITY-ST-ZIP: **PALM BEACH FL**
TITLE: **AS** DELETE
NAME: **DEMENDOZA, MARIO G., III**
STREET ADDRESS: **251 ROYAL PALM WAY**
CITY-ST-ZIP: **PALM BEACH FL**
TITLE: **AS** DELETE
NAME: **WILKINSON, DEBRA**
STREET ADDRESS: **251 ROYAL PALM WAY**
CITY-ST-ZIP: **PALM BCH. FL**
TITLE: **T** DELETE
NAME: **MERIN, NEIL ERIC**
STREET ADDRESS: **251 ROYAL PALM WAY**
CITY-ST-ZIP: **PALM BEACH FL**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE: Change 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 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 or in an attachment with an address.

SIGNATURE: **Neil Eric Merin** X **2/10/97** 561/471-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)