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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 675370 (1)

1. Corporation Name
FLAGLER EQUITY/CAPITAL CORPORATION

Principal Place of Business 1800 AUSTRALIAN AVE. SO. STE 202 WEST PALM BEACH FL 33409 US	Mailing Address 1800 AUSTRALIAN AVE. SO. STE 202 WEST PALM BEACH FL 33409 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/27/1980	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2433422	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**SCHWENCKE, KERRY R.
1645 PALM BEACH LAKES BLVD.
SUITE 720
WEST PALM BEACH FL 33401**

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 title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	CPTD
NAME	CLARK, WILLIAM C.
STREET ADDRESS	1800 AUSTRALIAN AVE. SO., SUITE 202
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	S
NAME	GLIDDEN, ROXANNE
STREET ADDRESS	1800 AUSTRALIAN AVE SO., SUITE 202
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VD
NAME	CLARK, BETTY L.
STREET ADDRESS	7620 S. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D
NAME	CLARK, MARK W.
STREET ADDRESS	5815 S. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D
NAME	CLARK, KEVIN A.
STREET ADDRESS	7620 S. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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)(b), 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 as an attachment with an address.

SIGNATURE: William C. Clark DATE: 4/26/95 TELEPHONE: 407/640-0600
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR