

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000002785 (3)**
1. Corporation Name

EQU-FINANCIAL CORPORATION



Principal Place of Business: **1275 WAMPANOAG TRAIL EAST PROVIDENCE RI 02915**
Mailing Address: **1275 WAMPANOAG TRAIL EAST PROVIDENCE RI 02915**

3. Date Incorporated or Qualified: **05/26/1994** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **05-0469692** 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 2a. Mailing Address
21. Suite, Apt #, etc. 26. Suite, Apt #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
**PRENTICE HALL CORPORATION SYSTEMS, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City 85. Zip Code **FL**

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	PCD RYAN, KENNETH J	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 MONMOUTH DRIVE	1.2 NAME	
STREET ADDRESS	EAST PROVIDENCE RI	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D RYAN, ROBERT J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 TAMARAC DR.	2.2 NAME	
STREET ADDRESS	WESTPORT CT	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MOTTI, PETER K	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9 DORR STREET	3.2 NAME	
STREET ADDRESS	BRANFORD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D FERTON, DEAN E	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	34 MAHER AVENUE	4.2 NAME	
STREET ADDRESS	GREENWICH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V DECESARE, ANTHONY L	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	23 PEPPERMINT LANE	5.2 NAME	
STREET ADDRESS	JOHNSTON RI	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	S PELOQUIN, MARK J	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	55 HOMESTEAD AVE.	6.2 NAME	
STREET ADDRESS	NORTH SMITHFIELD RI	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
S
A. Raymond Beauvais
120 Duffy Drive
Taunton, MA 02180

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 owner or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Kenneth J. Ryan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth J. Ryan

8/2/96

CR2E034 (3/96)