

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760.)**

FILED
Aug 08 1997 8:00am
Secretary of State

PROFIT* CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002785 (3)
 1. Corporation Name
EQUI-FINANCIAL CORPORATION

Principal Place of Business 1275 WAMPANOAG TRAIL EAST PROVIDENCE RI 02915	Mailing Address 1275 WAMPANOAG TRAIL EAST PROVIDENCE RI 02915
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DO NOT WRITE IN THIS SPACE

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	29

3. Date Incorporated or Qualified 05/26/1994	3a. Date of Last Report 08/08/1996
4. FEI Number 05-0469692	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 reinstating)

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	PCD RYAN, KENNETH J	1.2 NAME	
STREET ADDRESS	22 MONMOUTH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAST PROVIDENCE RI	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D RYAN, ROBERT J	2.2 NAME	
STREET ADDRESS	22 TAMARAC DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MOTTI, PETER K	3.2 NAME	
STREET ADDRESS	9 DORR STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FERTON, DEAN E	4.2 NAME	FENTON, DEAN E.
STREET ADDRESS	34 MAHER AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V DECESARE, ANTHONY L	5.2 NAME	
STREET ADDRESS	23 PEPPERMINT LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JOHNSTON RI	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S BEAUVAIS, RAYMOND A.	6.2 NAME	
STREET ADDRESS	120 DUFFY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAUNTON MA	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 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/24/97 (401) 433-4800

CR2E034 (4/97)