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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000004429**

1. Corporation Name
EQUITY FC, LTD. CORPORATION

Principal Place of Business: **711 HIGH ST. DES MOINES IA 50392**
 Mailing Address: **711 HIGH ST. DES MOINES IA 50392**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 711 High Street	26 711 High Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Deborah Kerns, Law	27 Deborah Kerns, Law
City & State	City & State
23 Des Moines, IA	28 Des Moines, IA
Zip Country	Zip Country
24 50392 US	29 50392 US

3. Date Incorporated or Qualified: **08/25/1994**

4. FEI Number: **42-1425518** 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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	VPS	<input type="checkbox"/> DELETE
NAME	HOFFMAN, JOYCE N	
STREET ADDRESS	711 HIGH ST.	
CITY-ST-ZIP	DES MOINES IA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FRANCIS, DENNIS P	
STREET ADDRESS	711 HIGH ST.	
CITY-ST-ZIP	DES MOINES IA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HAUSER, GREGORY C	
STREET ADDRESS	711 HIGH ST	
CITY-ST-ZIP	DES MOINES IA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLER, RONALD E	
STREET ADDRESS	711 HIGH ST	
CITY-ST-ZIP	DES MOINES IA	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SPARRGROVE, DEWAIN A	
STREET ADDRESS	711 HIGH ST	
CITY-ST-ZIP	DES MOINES IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NARBER, GREGG R	
STREET ADDRESS	711 HIGH ST	
CITY-ST-ZIP	DES MOINES IA	

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 checked="" type="checkbox"/> Addition
4.2 NAME	AS, Bricker, Mary L.
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 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, with all other like empowered.

SIGNATURE: *Mary L Bricker* **MARY L BRICKER** 1-7-99 515/248-3260
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)