

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 16 11:23

**DOCUMENT # G84110 (7)**

1. Corporation Name  
**EQU-DEBT FINANCIAL GROUP, INC.**

Principal Place of Business Mailing Address  
**C/O MARK SHANTZIS 6061 COLLINS AVE., #6F MIAMI BEACH FL 33140 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/10/1984** 3a. Date of Last Report **06/30/1994**  
4. FEI Number **59-2445235** 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. 25 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 29 Country 30 Zip Country

9. Name and Address of Current Registered Agent  
**SHANTZIS MARK D  
6061 COLLINS AVE  
#6F  
MIAMI BCH. FL 33140**

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 **P**  
NAME **SHANTZIS, MARK D.**  
STREET ADDRESS **6061 COLLINS AVE., #6F**  
CITY - ST - ZIP **MIAMI BEACH FL**  
TITLE **VD**  
NAME **SHANTZIS, GABRIEL**  
STREET ADDRESS **2500 E HALLANDALE BCH BL**  
CITY - ST - ZIP **HALLANDALE FL**  
TITLE **ST**  
NAME **SHANTZIS, ESTELLE**  
STREET ADDRESS **2500 E HALLANDALE BCH BL**  
CITY - ST - ZIP **HALLANDALE FL**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (4-13)  
11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE  Change  Addition  
32 NAME **ST SHANTZIS, MORA**  
33 STREET ADDRESS **6061 COLLINS AVENUE #6F**  
34 CITY - ST - ZIP **MIAMI BEACH, FLA. 33140**  
41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 110.07(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 holder of a trust or 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: Mark D. Shantzis 6/1/95 305-868-5915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

CR2E034 (3/95)