FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

Mar 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L63867 (0)**EQUITABLE FINANCIAL CORPORATION** Principal Place of Business Mailing Address C/O CHARLES P. MCALPINE C/O CHARLES P. MCALPINE 27161 RIVERSIDE DRIVE 27161 RIVERSIDE DRIVE DO NOT WRITE IN THIS SPACE BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923 3. Date Incorporated or Qualified 04/04/1990 2, Principal Place of Business 2s. Mailing Address Applied For 21 65-0187430 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCALPINE, CHARLES P. 27161 RIVERSIDE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **BONITA SPRINGS FL 33923** 83 City 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

Signature. Speed or prefer hack of registered agent floridated in publicable. (NOTE Registered Agent signature required when reinstating)

DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition MCALPINE, CHARLES P. NAME 1.2 NAME 27161 RIVERSIDE DR. STREET ADORESS 1.3 STREET ADDRESS **BONITA SPRINGS FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change 21 TITLE TITLE 2.2 NAME NAME STREET ADVIRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 eath; 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

3-10-98

Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

FILED