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Mar 09, 1999 8:00 am
Secretary of State

0821771

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

03-09-1999 90041 018 ***150.00

DOCUMENT # **P04946**

1. Corporation Name
PROEQUITIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2801 HIGHWAY 280 SOUTH
P.O. BOX 518
BIRMINGHAM AL 35223
US

Mailing Address
P.O. BOX 518
P.O. BOX 518
BIRMINGHAM AL 35201
US

3. Date Incorporated or Qualified
02/08/1985

4. FEI Number
63-0879387

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

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 | D | <input type="checkbox"/> DELETE |
| NAME | BALLARD, MICHEAL B. | |
| STREET ADDRESS | 2801 HWY. 280 SOUTH | |
| CITY-ST-ZIP | BIRMINGHAM AL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BOWEN, MARK | |
| STREET ADDRESS | 2801 HWY 280 S. | |
| CITY-ST-ZIP | BHAM AL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BRIGGS, ROBERT S. | |
| STREET ADDRESS | 2801 HWY. 280 SOUTH | |
| CITY-ST-ZIP | BIRMINGHAM AL | |
| TITLE | V... | <input type="checkbox"/> DELETE |
| NAME | ALCORN, NANCY C. | |
| STREET ADDRESS | 2801 HWY., 280 SOUTH | |
| CITY-ST-ZIP | BIRMINGHAM AL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PERRY, EDMUNO | |
| STREET ADDRESS | 2801 HWY 280 S. | |
| CITY-ST-ZIP | BHAMINGHAM AL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 type="checkbox"/> Addition |
| 4.2 NAME | |
| 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)(f), 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: **NANCY ALCORN** *Nancy Alcorn* **2-23-99** **205-868-3022**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)