

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAR 14 AM 7:57**

**DOCUMENT # P23968 (1)**  
1. Corporation Name  
**EQUITABLE INC.**

Principal Place of Business Mailing Address  
**1375 W PALMETTO PARK RD  
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/19/1989** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **22-0893975** Applied For ☐ Not Applicable ☒  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21. State, Apt. #, etc. 26. State, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHAPIRO, RICHARD  
7233 PROMENADE DR  
BOCA RATON FL 33433**

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

Signature of officer or director of corporation and the filer

NOTE: Registered Agent signature required when removing

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| NAME                       | PD<br>SCHAPIRO, RICHARD | 1. TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 7233 PROMENADE DR       | 2. NAME                                               |                                                                   |
| CITY - ST - ZIP            | BOCA RATON FL           | 3. STREET ADDRESS                                     |                                                                   |
| NAME                       | SD<br>SCHAPIRO, RICHARD | 4. CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 7233 PROMENADE DR       | 5. NAME                                               |                                                                   |
| CITY - ST - ZIP            | BOCA RATON FL           | 6. STREET ADDRESS                                     |                                                                   |
| NAME                       |                         | 7. CITY - ST - ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 8. NAME                                               |                                                                   |
| CITY - ST - ZIP            |                         | 9. STREET ADDRESS                                     |                                                                   |
| NAME                       |                         | 10. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 11. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 12. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 13. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 14. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 15. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 16. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 17. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 18. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 19. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 20. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 21. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 22. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 23. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 24. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 25. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 26. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 27. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 28. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 29. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 30. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 31. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 32. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 33. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 34. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 35. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 36. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 37. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 38. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 39. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 40. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 41. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 42. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 43. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 44. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 45. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 46. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 47. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 48. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 49. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 50. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 51. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 52. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 53. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 54. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 55. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 56. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 57. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 58. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 59. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 60. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 61. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 62. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 63. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 64. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 65. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 66. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 67. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 68. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 69. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 70. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 71. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 72. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 73. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 74. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 75. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 76. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 77. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 78. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 79. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 80. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 81. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 82. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 83. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 84. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 85. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 86. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 87. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 88. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 89. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 90. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 91. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 92. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 93. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 94. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 95. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 96. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 97. CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                         | 98. NAME                                              |                                                                   |
| CITY - ST - ZIP            |                         | 99. STREET ADDRESS                                    |                                                                   |
| NAME                       |                         | 100. CITY - ST - ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(4)(b), Florida Statutes. I further certify that the information submitted 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 on the back of the report or on an attachment with an address.

SIGNATURE: **RICHARD H. SCHAPIRO**  
SECRETARY

**3/8/95**

**407-248-2858**