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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P23968

SIGNATURE: RICHARD MI STYLAPURE

(1)

EQUITABLE INC.

Principal Place of Business Mailing Address								{	FOTA DIFFE DIFFE	BIDII DIDII BIDII I	DAR DE	
1375 W PALME BOCA RATON F			1375 W PALMETTO PARK RD BOCA RATON FL 33486-3314							`		
						•		Date Incorporated or Qualifie 04/19/1989		ate of Last Re /18/1996	eport	
2. Principal Pla	ice of Business	2a. Mailin	2a. Mailing Address					FEI Number	,, ,,		plied For	
21		26						22-0893975			t Applicable	
Suite Apt. #		27					5. (5. Certificate of Status Desired				
City & State		իդ [*]	City & State				- 1	Election Campaign Financing	<u></u>	\$5.00		
23 Z ₁ p	Country		Zip Country					Trust Fund Contribution	las intensible	Added to		
24	25	29	30					This corporation has liability f Florida Statutes				
<u></u>	9. Name and Address of Curre	1 1,	gent	30	T			Name and Address of New				
SCH	APIRO, RICHARD				81	Name	1, 11 111					
	PROMENADE DR				62	Street Ad	Idrace (P.	O. Box Number is Not Accep	table)			
	A RATON FL 33433					Sileet Au	י. זן ככסיטג	355 (F.O. BOX NUMBER IS NOT ACCEPTABLE)				
555												
					64	City				85 Zip (Code	
						-			FL			
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: Specific printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE.												
12.	OFFICERS AND DIRECTORS 1						Α	ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTOF	RS IN 12	
TITLE	PD DELETE 1.			1.1 T	ITLE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition	
NAME	SCHAPIRO, FAY			1.2 N	1.2 NAME							
STREET ADDRESS	7233 PROMENADE DR		1.3 9			ADDRESS						
CITY-ST-ZIP	BOCA RATON FL				1.4 CITY-ST-ZIP							
TITLE	SD SOULDED		☐ DELETE	2.1 TITL						L Change	Addition	
NAME	SCHAPIRO, RICHARD		i i		2.2 NAME						1	
STREET ADDRESS	7233 PROMENADE DR				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP							
CITY-ST-ZIP TOLE	BOCA RATON FL		DELETE	2. 4 CH		ST-ZIP				Change	Addition	
NAME				3.2 NAME								
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CITY-ST-ZIP						ST-ZIP						
TITLE			☐ DELETE		TITLE			to the first		☐ Change	Addition	
NAME				4. 2	NAME							
STREET ADDRESS				4.3 5	STREET	ADDRESS		•			ļ	
CITY-ST-ZIP				4.4 (CITY - S	T- ZIP						
TiTLE			☐ DELETE	5.11	TITLE					Change	Addition	
NAME				521	NAME							
STREET ADDRESS				535	STREET	ADDRESS						
CITY - ST - ZIP						ST-21P				T 1 X:	4.000	
TITLE			DELETE	6.17	TITLE	- 1				Change	L_ Addition	
NAME				6.21	NAME							
STREET ADDRESS						ADDRESS						
CITY - ST - ZIP		in all college districts	- daaa 1 - · ·			ST-ZIP	stand in Co-	140 440 07/2\(\text{0}\) [10-14- 02-	tuton I formation	or north the	tho	
informatio	by cortify that the information suppling indicated on this arinual report of fficer or director of the corporation in Block 12 or Block 13 if changed,	r supplemental a or the receiver o	rinual report is ir trustee empo	true and oweres to	a ce	urate and the	that my sig	gnature shall have the same quired by Chapter 607, Florid	legal effect a da Statutes;	as if made un and that my r	ider oath; that name	