

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000086229 (0)**

1. Corporation Name

EQUITY FINANCIAL MORTGAGE GROUP, INC.



Principal Place of Business

Mailing Address

% GIOVANNA VANONI-SCHMIDT
15495 MIAMI LAKEWAY NORTH, #103
MIAMI LAKES FL 33014

% GIOVANNA VANONI-SCHMIDT
15495 MIAMI LAKEWAY NORTH, #103
MIAMI LAKES FL 33014

3. Date Incorporated or Qualified
12/13/1993

3a. Date of Last Report
12/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **5901 NW 151 ST**

26 **5901 NW 151 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 212**

27 **SUITE 212**

City & State

City & State

23 **MIAMI LAKES FL**

28 **MIAMI LAKES FL**

Zip

Country

Zip

Country

24 **33014**

25 **US**

29 **33014**

30 **US**

4. FEI Number
APPLIED FOR

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

9. Name and Address of Current Registered Agent

**VANONI-SCHMIDT, GIOVANNA
15495 MIAMI LAKEWAY NORTH
#103
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name
VANONI-SCHMIDT GIOVANNA
82 Street Address (P.O. Box Number is Not Acceptable)
5901 NW 151 ST SUITE 212
83 City
MIAMI LAKES
84 City
MIAMI LAKES FL 85 Zip Code
33014

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, typed or printed name of registered agent (not acceptable)

(Not for Registered Agent signature required with this filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	VANONI-SCHMIDT, GIOVANNA	
STREET ADDRESS	15495 MIAMI LAKEWAY NORTH, #103	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHMIDT, JACQUES P	
STREET ADDRESS	15495 MIAMI LAKEWAY NORTH, #103	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	VANONI-SCHMIDT, GIOVANNA	
3. STREET ADDRESS	5901 NW 151 ST, SUITE 212	
4. CITY-ST-ZIP	MIAMI LAKES FL, 33014.	
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHMIDT, JACQUES P.	
2.3 STREET ADDRESS	5901 NW 151 ST # 212	
2.4 CITY-ST-ZIP	MIAMI LAKES FL, 33014.	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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.

SIGNATURE: *Giovanna Schmidt* **GIOVANNA SCHMIDT** 4/30/96 (305) 557-4626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)