

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

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
92 JUL 28 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: EQUITY FINANCIAL MORTGAGE GROUP, INC.
DOCUMENT # P93000086229 (0)

Mailing Address: % GIOVANNA VANONI-SCHMIDT, 15495 MIAMI LAKEWAY NORTH, #103, MIAMI LAKES FL 33014
Principal Place of Business: % GIOVANNA VANONI-SCHMIDT, 15495 MIAMI LAKEWAY NORTH, #103, MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

2. Mailing Address: 21 5901 NW 151 ST # 211, Suite, Apt. #, etc. 22 211, City & State 23 MIAMI LAKES FL, Zip 24 33014, Country 25 USA
2a. Principal Place of Business: 26 5901 NW 151 ST, Suite, Apt. #, etc. 27 SUITE 211, City & State 28 MIAMI LAKES FL, Zip 29 33014, Country 30 USA

3. Date Incorporated or Qualified: 12/13/1993
3a. Date of Last Report: [blank]
4. FEI Number: 65-0454351, Applied / or 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
7. Nonprofit Exempt from \$138.75 Supplemental Fee []
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [] Yes [X] 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: 61 Name, 62 Street Address (P.O. Box Number is Not Acceptable), 63 600002604036-1, -07/31/98--01100--004, 64 City: ***SUC. FL ***90100

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.
SIGNATURE: *Giovanna Schmidt* DATE: 7/14/98

12. OFFICERS AND DIRECTORS

1.1 TITLE	D
1.2 NAME	VANONI-SCHMIDT GIOVANNA
1.3 STREET ADDRESS	15495 MIAMI LAKEWAY NORTH, #103
1.4 CITY-ST-ZIP	MIAMI LAKES FL 33014
2.1 TITLE	D
2.2 NAME	SCHMIDT JACQUES P
2.3 STREET ADDRESS	15495 MIAMI LAKEWAY NORTH, #103
2.4 CITY-ST-ZIP	MIAMI LAKES FL 33014
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VANONI SCHMIDT GIOVANNA D
1.2 NAME	
1.3 STREET ADDRESS	5901 NW 151 ST # 211
1.4 CITY-ST-ZIP	MIAMI LAKES FL, 33014
2.1 TITLE	D
2.2 NAME	SCHMIDT JACQUES P.
2.3 STREET ADDRESS	5901 NW 151 ST # 211
2.4 CITY-ST-ZIP	MIAMI LAKES FL, 33014
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REINSTATEMENT 97-98 7/28/98 7/28/98

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, 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* 7/14/98 557-4626.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #