

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE SALES: \$275 (IF DISSOLVED, UNPAID AMOUNT DUE TO RESTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 22 AM 8:45

DOCUMENT # P94000005633 (0)

1. Corporation Name

EQUITABLE RESOLUTIONS, INC.

Principal Place of Business

1414 ROSE COURT
 MELBOURNE FL 32935

Mailing Address

1414 ROSE COURT
 MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/24/1994

3a. Date of Last Report
NA

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc

4. FEI Number

59-2233621

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**LEVIN, PENNY A
 1414 ROSE COURT
 MELBOURNE FL 32935**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **PD**
 NAME: **LEVIN, PENNY A**
 STREET ADDRESS: **1414 ROSE COURT**
 CITY - ST - ZIP: **MELBOURNE FL 32935**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE: **P/T/S/D** Change Addition
 1 2 NAME
 1 3 STREET ADDRESS
 1 4 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

2 1 TITLE Change Addition
 2 2 NAME
 2 3 STREET ADDRESS
 2 4 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

3 1 TITLE Change Addition
 3 2 NAME
 3 3 STREET ADDRESS
 3 4 CITY - ST - ZIP

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4 1 TITLE Change Addition
 4 2 NAME
 4 3 STREET ADDRESS
 4 4 CITY - ST - ZIP

TITLE
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 CITY - ST - ZIP

5 1 TITLE Change Addition
 5 2 NAME
 5 3 STREET ADDRESS
 5 4 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

6 1 TITLE Change 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 110.07(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:

Penny A Levin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/95

407/253-1444
 (Outside Florida #)

CFR2034 (3/95)