

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90012 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000103355

1. Corporation Name
 EQUI-FUND, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 7025 BERACASA WAY, #202A BOCA RATON FL 33433
 Mailing Address: 7025 BERACASA WAY, #202A BOCA RATON FL 33433

3. Date Incorporated or Qualified: 12/26/1996
 4. FEI Number: 65-0716140 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 owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business: 21 2022 SUNSET RD. 22 Suite, Apt. #, etc.
 2a. Mailing Address: 26 2022 SUNSET ROAD 27 Suite, Apt. #, etc.
 City & State: 23 Mount Dora, FL 28 Mt. Dora, FL
 Zip: 24 32757 25 USA 29 32757 30 USA

9. Name and Address of Current Registered Agent
 BORESS, ALLAN
 1500 UNIVERSITY DR.
 SUITE 239
 CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): 2022 SUNSET ROAD
 83
 84 City: Mt. Dora FL 85 Zip Code: 32757

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: *Allan Bress* DATE: 7/17/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: P <input type="checkbox"/> DELETE	NAME: BORESS, ALLAN
STREET ADDRESS: 1500 UNIVERSITY DR., SUITE 239	CITY-ST-ZIP: CORAL SPRINGS FL
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:
TITLE: <input type="checkbox"/> DELETE	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME:
1.3 STREET ADDRESS: 2022 SUNSET ROAD	1.4 CITY-ST-ZIP: MT. DORA FL 32757
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME:
2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: *Allan Bress* DATE: 7/17/99 DAYTIME PHONE #: (352) 385-3868

CR2E034 (5/99)

593757-90012-13
P96000103355

Equi-fund, Inc.
2022 Sunset Road
Mount Dora, Florida 32757
(352) 385-3868

July 17, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed you will find our 1999 Annual Fee and Profit Corporate Annual Report along with a check for \$150.

PLEASE! Note our address change; we moved earlier in the year from Coral Springs to Mount Dora. WE NEVER RECEIVED A FORM FOR 1999.

As you might expect, not all of our mail has been forwarded properly. PLEASE! Take this into consideration. We are terribly sorry for the report being filed now.

Thank you so much for your understanding.

Respectfully,



Allan S. Boress
President