

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

4-21-95 8-4219-C

**APPROVED AND FILED**

95 APR 24 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995

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



DOCUMENT # **S98840** (9)  
1. Corporation Name  
**EQUITY ENHANCEMENT CORPORATION**

Principal Place of Business Mailing Address  
C/O LOUIS A. HUCH  
210 MIRAMAR WAY  
WEST PALM BEACH FL 33405  
C/O LOUIS A. HUCH  
210 MIRAMAR WAY  
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 169 LAY ST. 2b P.O. BOX 1248  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 INGLIS FL 28 INGLIS FL  
Zip Country Zip Country  
24 34449 25 USA 29 34449 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report  
12/09/1991 05/01/1994  
4. FEI Number Applied For  
65-0303212 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  
HUCH, LOUIS A.  
210 MIRAMAR WAY  
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent  
81 Name LOUIS A. HUCH  
82 Street Address (P.O. Box Number is Not Acceptable) 169 LAY STREET  
83  
84 City INGLIS FL 85 Zip Code 34449

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 Louis A. Huch LOUIS A. HUCH DATE 4/18/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEELE, GEORGE E
STREET ADDRESS	210 MIRAMAR WAY
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	VP
NAME	EILAND, ARCHIE G
STREET ADDRESS	254 HUDSON ST
CITY - ST - ZIP	INGLIS FL
TITLE	ST
NAME	HUCH, LOUIS A
STREET ADDRESS	169 LAY ST
CITY - ST - ZIP	INGLIS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GEORGE E. STEELE	
13 STREET ADDRESS	P.O. BOX 1248 / 169 LAY ST.	
14 CITY - ST - ZIP	INGLIS FL 34449	
21 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LOUIS A. HUCH	
23 STREET ADDRESS	169 LAY ST	
24 CITY - ST - ZIP	INGLIS FL 34449	
31 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LOUIS A. HUCH	
33 STREET ADDRESS	169 LAY ST	
34 CITY - ST - ZIP	INGLIS FL 34449	
41 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	LOUIS A. HUCH	
43 STREET ADDRESS	169 LAY ST	
44 CITY - ST - ZIP	INGLIS FL 34449	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: Louis A. Huch V.P. DATE 4/18/95 904-442-2044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR