

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000009421 (6)**

1. Corporation Name  
**408 EQUITIES, INC.**



Principal Place of Business

Mailing Address

C/O WALTER RASKIN  
3165 N.W. 15TH STREET  
DELRAY BEACH FL 33445

C/O WALTER RASKIN  
3165 N.W. 15TH STREET  
DELRAY BEACH FL 33445

3. Date Incorporated or Qualified <b>01/27/1994</b>	3a. Date of Last Report <b>01/20/1995</b>
4. FEI Number <b>65-0479486</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address <b>408 EQUITIES, INC.</b>
21. Suite, Apt. #, etc.	26. <b>WALTER RASKIN</b>
22. City & State	27. <b>35 SEACOAST TERR. - APT. 16K</b>
23. Zip	28. <b>BROOKLYN, N.Y.</b>
24. Country	29. <b>11235</b>
	30. <b>KINGS</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RASKIN, WALTER  
3165 N.W. 15TH STREET  
DELRAY BEACH FL 33445

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RASKIN, WALTER</b>	
STREET ADDRESS	<b>3165 N.W. 15TH ST.</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RASKIN, LEON</b>	
STREET ADDRESS	<b>35 SEACOAST TERRACE</b>	
CITY-ST-ZIP	<b>BROOKLYN NY 11235</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RASKIN, RUBIN</b>	
STREET ADDRESS	<b>127 REMSEN ST.</b>	
CITY-ST-ZIP	<b>BROOKLYN NY 11201</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>APT. 16K</b>	
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 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: *Walter Raskin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 718-332-6405  
Daytime Phone #

CR2E034 (12/95)