## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

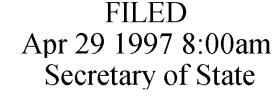
SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS



1. Corporation	MENT # 588464 Name EQUITY CORPORATION	4 (8)			
Principal Place of Business 4733 SECRET HARBOR DR. N 90H 5369 JAX FL 32257		Mailing Address  4733 SECRET HARBOR DR. N		- 1 100101 GING! 18401 SELIK EKUR EKKI AKEL BITHI BITHI EKUN EKUN BIRHI EKELI BIRK (186)	
US		U\$		3. Date Incorporated or Qualified 10/04/1978	3a. Date of Last Report 04/29/1996
2. Principal Pia	ce of Business	2a. Mailing Address		4. FEI Number 59-1982185	Applied For Not Applicable
Suite. Apt. #	. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulard
City & State		City & State	****	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
7ip 24]	Country 25	Zıp 29	Country 30	This corporation has liability for Florida Statutes	
	9. Name and Address of Currer			10. Name and Address of New R	
473	Gers, Jonathan Y 3 Secret Harbor Dr. N FL 32257		<ul> <li>81 Name</li> <li>82 Street A</li> <li>83</li> <li>84 City</li> </ul>	Address (P.O. Box Number is Not Accepte	95 Zin Code
agent Lan	of the provisions of Sections 607,050 gistered agent, or both, in the State in familiar with, and accept the oblig	ations of, Section 607.0505,	tutes, the above-named as authorized by the corp Florida Statutes.	corporation submits this statement for the coration's board of directors. I hereby accorate when reinstating)	purpose of changing its registered ept the appointment as registered
12.	The state of the s	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
THLE	PD TOTAL SOLUTION OF	☐ DELETE	1.1 TITLE		Change Addition
NAMi	ROGERS, JONATHAN Y 4733 SECRET HARBOR DR.	<b>S</b> I	i 1.2 NAME		
STREET ADDRESS	JAX FL	N	1.3 STREET ADDRESS		
TOTY - \$1 - 74°	VIVI L	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
MAME		·	22 NAME		· -
STREET ADDRESS			2.3 STREET ADDRESS		
011Y-S1-7P	,		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change
NAMi			3.2 NAME		
STREET ADDRESS COLY-ST. ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
THE		☐ DELETE	4.1 TITLE		Change Addition
Nami			4. 2 NAME		
STREET ADDRESS			43 STREET ADDRESS	•	
CHY-ST ZIP			4.4 CITY-ST-ZIP		
11 <sup>1</sup> LF		DELETE	5.1 TITLE		Change Addition
NAME Charles Andreed			5.2 NAME		
STREET ADDRESS ONLY SE-78			5.3 STREET ADDRESS 5.4 City-St-Zip		
10.E		DELETE	6.1 TITLE		Change Addition
NAME		-	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-ST-ZIP	The second secon		6.4 CITY-ST-ZIP		
information Lant an off	i indicated on this annual report or	supplemental annual report r the receiver or trustee emp	is true and accurate and cowered to execute this r	tated in Section 119.07(3)(i), Florida Statu that my signature shall have the same leg eport as required by Chapter 607, Florida	gal effect as if made under oath; that

than Y. Rogers, President Date Dayline Proces