

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90030 047 \*\*\*150.00

<b>DOCUMENT # J45930</b>	
1. Entity Name <b>EQUITABLE BANK</b>	



Principal Place of Business <b>633 S FEDERAL HWY FT LAUDERDALE, FL 33301 US</b>	Mailing Address <b>633 S FEDERAL HWY FT LAUDERDALE, FL 33301 US</b>
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**DO NOT WRITE IN THIS SPACE**



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2718611</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPUTE JR., H. WILLIAM 2040 NE 163RD ST. N. MIAMI BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, JAMES D. 6520 S.W. 134TH DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, NORMAN S 4000 HOLLYWOOD BLVD. SUITE 620 NORTH HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, STANLEY J 11111 BISCAYNE BLVD. N. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Collins, John D. 1 Los Olas Blvd #511 Fort Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASUR, WAYNE K. 1520 N.W. 203 RD ST N. MIAMI, FL

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** S.O.P. 2/24/04 9545242265  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #