

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90158 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 345188

1. Corporation Name

FIRST EQUITY CORPORATION OF FLORIDA

Principal Place of Business
444 BRICKELL AVE., STE. P-6
MIAMI FL 33131

Mailing Address
444 BRICKELL AVE., STE. P-6
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1969

4. FEI Number

59-1264425

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**6. Election Campaign Financing ☐**\$5.00 May Be Added to Fees**8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

BASCOM, WILBERT O DR
1400 MIAMI CENTER
201 S. BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

David R. Cooper

82 Street Address (P.O. Box Number is Not Acceptable)

Suite P-6, 444 Brickell Ave.

83

84 City

Miami**FL**

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

David R. Cooper

(NOTE: Registered Agent signature required when reinstating)

April 28th, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE

NAME **BISHOPRIC, KARL**
 STREET ADDRESS **201 S BISCAYNE BLVD**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☒ DELETE

NAME **PINA, KYREE**
 STREET ADDRESS **201 S BISCAYNE BLVD**
 CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☒ DELETE

NAME **BASCOM, WILBERT O DR**
 STREET ADDRESS **201 S BISCAYNE BLVD**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME
 13 STREET ADDRESS **444 Brickell Ave. Suite P-6**
 14 CITY-ST-ZIP **Miami, FL 33131**

2.1 TITLE ☐ Change ☒ Addition

22 NAME **George P. E. Ten Pow**
 23 STREET ADDRESS **444 Brickell Ave. Suite P-6**
 24 CITY-ST-ZIP **Miami, FL 33131**

3.1 TITLE ☐ Change ☒ Addition

32 NAME **David R. Cooper**
 33 STREET ADDRESS **444 Brickell Ave. Suite P-6**
 34 CITY-ST-ZIP **Miami, FL 33131**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

(305) 349-1544

Daytime Phone #

CR2E034 (1/98)