FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 403711 (5)

1. Corporation Name
EQUITY ASSETS MANAGEMENT INC.

Principal Place of Business	Mailing Address
1751 MOUND STREET SARASOTA FL 34236 US	P.O. BOX 4256 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1972
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 7126 BENEVA Road	26 7124 BENEVA Roads
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA, FL	28 City & State: SARASOTA, FL
24 Zip: 34238 / 25 Country	29 Zip: 34238 / 30 Country

4. FEI Number: 59-1401549 ☐ Applied For ☐ 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	10. Name and Address of New Registered Agent
DEAN, ERNEST J JR 1751 MOUND ST., SUITE 1A SARASOTA FL 34236	81 Name: THEODORE MISLEWICZ 82 Street Address (P.O. Box Number is Not Acceptable): 7126 BENEVA ROAD 83 84 City: SARASOTA FL 85 Zip Code: 34238

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: THEODORE MISLEWICZ — 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D ☒ Change ☐ Addition
NAME	JORDAN, WALLACE NEAL	12 NAME	W. NEAL JORDAN
STREET ADDRESS	2145 RESORT DR., #208	13 STREET ADDRESS	7126 BENEVA ROAD
CITY-ST-ZIP	STEAMBOAT SPRINGS CO 80487	14 CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	VD	21 TITLE	C/P ☒ Change ☐ Addition
NAME	MCELHENY, THOMAS J.	22 NAME	THOMAS J. MCELHENY
STREET ADDRESS	1751 MOUND ST.	23 STREET ADDRESS	7126 BENEVA ROAD
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	STC	31 TITLE	☒ Change ☐ Addition
NAME	DEAN, ERNEST J	32 NAME	DELETE
STREET ADDRESS	1751 MOUND ST.	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	34 CITY-ST-ZIP	
TITLE	VCO	41 TITLE	☒ Change ☐ Addition
NAME	JORDAN, NEAL V	42 NAME	DELETE
STREET ADDRESS	1508 S.E. 3RD AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	44 CITY-ST-ZIP	
TITLE		51 TITLE	D/S/T ☐ Change ☒ Addition
NAME		52 NAME	CHARLES R. CHAPIN
STREET ADDRESS		53 STREET ADDRESS	7126 BENEVA ROAD
CITY-ST-ZIP		54 CITY-ST-ZIP	SARASOTA, FL 34238
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: THOMAS J. MCELHENY — 4/27/95 — 813-927-3344
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (PRESIDENT OR DIRECTOR) Date Daytime Phone Number

0340122 CP