

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 # 618782 (7)

1. Corporation Name

EQUITY DEVELOPMENT, INC.



Principal Place of Business

**%MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, P.O. BOX 2715
PALM BEACH FL 33480**

Mailing Address

**%MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, P.O. BOX 2715
PALM BEACH FL 33480**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/26/1979

3a. Date of Last Report

02/20/1995

4. FEI Number

59-1917094

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

**MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY
SIXTH FLOOR
PALM BEACH FL 33480-1310**

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 of principal officer or director of registered agent and filer if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PDS

☐ DELETE

NAME

**MERIN, NEIL ERIC
251 ROYAL PALM WAY
PALM BEACH FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

AS

☐ DELETE

NAME

**DEMENDOZA, MARIO G., III
251 ROYAL PALM WAY
PALM BEACH FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

AS

☐ DELETE

NAME

**WILKINSON, DEBRA
251 ROYAL PALM WAY
PALM BCH. FL**

STREET ADDRESS

CITY- ST- ZIP

TITLE

T

☐ DELETE

NAME

**MERIN, NEIL ERIC
251 ROYAL PALM WAY
PALM BEACH FL**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil Eric Merin President

X 2/5/96

(407) 471-8000

Date:

Daytime Phone #

CR2E034 (12/95)