

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F68444 (1)

1. Corporation Name

EQUUS CONSTRUCTION, INCORPORATED



Principal Place of Business

9436 CROSS CREEK DR.
BOYNTON BEACH FL 33435
US

Mailing Address

~~2785 LAFAYETTE DR.~~ P.O. Box 881906
~~BOULDER CO 80503~~ Steamboat Springs,
US CO 80488

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 P.O. Box 881906

27 Suite, Apt. #, etc.

28 Steamboat Springs, CO

29 Zip Country

30

3. Date Incorporated or Qualified

02/23/1982

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2171017

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

9. Name and Address of Current Registered Agent

WILLIAMS BRUCE H
4362 NORTHLAKE BLVD, STE 203
PALM BEACH FL 33410

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(6), 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 607.01(6), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report on behalf of the corporation.

Signature of the person who is authorized to sign this report on behalf of the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BARTASIUS, JOSEPH A	
STREET ADDRESS	2785 LAFAYETTE DR. P.O. Box 881906	
CITY-STATE-ZIP	BOULDER CO Steamboat Springs, CO	
TITLE	VTS	☐ DELETE
NAME	BARTASIUS, ANN K	
STREET ADDRESS	2785 LAFAYETTE DR. P.O. Box 881906	
CITY-STATE-ZIP	BOULDER CO Steamboat Springs, CO	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	P.O. Box 881906
14 CITY-STATE-ZIP	Steamboat Springs, CO 80488
15 TITLE	☒ Change ☐ Addition
16 NAME	
17 STREET ADDRESS	P.O. Box 881906
18 CITY-STATE-ZIP	Steamboat Springs, CO 80488
19 TITLE	☐ Change ☐ Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	☐ Change ☐ Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	☐ Change ☐ Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
35 TITLE	☐ Change ☐ Addition
36 NAME	
37 STREET ADDRESS	
38 CITY-STATE-ZIP	
39 TITLE	☐ Change ☐ Addition
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41 STREET ADDRESS	
42 CITY-STATE-ZIP	
43 TITLE	☐ Change ☐ Addition
44 NAME	
45 STREET ADDRESS	
46 CITY-STATE-ZIP	
47 TITLE	☐ Change ☐ Addition
48 NAME	
49 STREET ADDRESS	
50 CITY-STATE-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 person or persons 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: Ann K. Bartasius Vice Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96

970-870-6733

CR2E034 (12/95)