

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000002785 (3)

1. Corporation Name

EQU-FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

1275 WAMPANOAG TRAIL  
EAST PROVIDENCE RI 02915

1275 WAMPANOAG TRAIL  
EAST PROVIDENCE RI 02915



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/26/1994	05/01/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		05-0469692	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		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

PRENTICE HALL CORPORATION SYSTEMS, INC.  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

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 typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	
NAME	RYAN, KENNETH J	1.2 NAME	
STREET ADDRESS	22 MONMOUTH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAST PROVIDENCE RI	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	RYAN, ROBERT J	2.2 NAME	
STREET ADDRESS	22 TAMARAC DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MOTTI, PETER K	3.2 NAME	
STREET ADDRESS	9 DORR STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FERTON, DEAN E	4.2 NAME	
STREET ADDRESS	34 MAHER AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	DECESARE, ANTHONY L	5.2 NAME	
STREET ADDRESS	23 PEPPERMINT LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JOHNSTON RI	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	PELOQUIN, MARK J	6.2 NAME	
STREET ADDRESS	55 HOMESTEAD AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH SMITHFIELD RI	6.4 CITY-ST-ZIP	
		S	A. Raymond Beauvais
			120 Duffy Drive
			Taunton, MA 02180

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 owner or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth J. Ryan, President of Equi-Financial Corporation

8/2/96

CR2E034 (3/96)