

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F94000004013 (8)**

1. Corporation Name  
**EQUALITY SPECIALTIES, INC.**



Principal Place of Business <b>1600 N.W. 165TH STREET MIAMI FL 33169</b>	Mailing Address <b>1600 N.W. 165TH STREET MIAMI FL 33169-5643</b>
---	--

3. Date Incorporated or Qualified <b>08/02/1994</b>	3a. Date of Last Report <b>11/12/1996</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2b. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

4. FEI Number <b>36-3967853</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. TALLAHASSEE FL 32301</b>	
---	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANDY, F. PHILIP</b>	1.2 NAME	
STREET ADDRESS	<b>222 W. COMSTOCK AVE., STE. 210</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAFFNEY, THOMAS F</b>	2.2 NAME	
STREET ADDRESS	<b>2091 OCEANVIEW DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TIERRA VERDE FL 33715</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIEDMAN, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>2939 BAYVIEW AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WANTAGH NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>V-no longer Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAUGHN, CHARLES G</b>	4.2 NAME	
STREET ADDRESS	<b>28 SENECA ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOBBS FERRY NY</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Bill Lunsford</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1600 N.W. 165th street</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>MIAMI FL 33169</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Bill Lunsford* **Bill Lunsford** 4/16/97 (305) 623-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)