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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400005737 (1)

MOREQUITY, INC.

Principal Place of Business

Mailing Address

## FILED May 02 1997 8:00am Secretary of State



11/2/02 /00/11/0

601 N.W. SECOND ST. EVANSVILLE IN 47708		601 N.W. SECOND ST. EVANSVILLE IN 47708-1013							
						3. Date Incorporated or Qualified 11/04/1994	3a. Date of La 02/27/199	6	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				51-0259079		Not Applicable	
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & Stato				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Curren	l Registered Agent	10. Name and Address of New Registered Agent  81 Name						
C T CORPORATION SYSTEM					vame				
1200 S. PINE ISLAND RD.				<b>82</b> S	Street Add	lress (P.O. Box Number is Not Acceptable	le)	}	
PLAN	NTATION FL 33324		63						
				03					
			•	84 (	Dity		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 age			d Agent s	gnalure requ	uired when reinstalling)	DATE	TODO IN 10	
12.		DEFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		
TITLE	CEOP FREDERICK W	L' DETE	1.1 ][]		1		L., Clia	ige	
NAME			1.2 NA						
STREET ADDRESS				REET AD					
CITY-ST-ZIP			1Y-SI-Z	ZIP	T	Cha	nge Addition		
TITLE				2170LF		<i>(</i>	<i></i>		
NAME	AND AND AND AT		1	2 2 NAME					
STREET ADDRESS	MANAGE I CAN ATTAC			2 3 STREET ADORESS 2 4 CITY - ST - ZIP					
CITY-ST-ZIP TITLE	VSD DELETE 31				ZIF		Cha	nge Addition	
NAME	and the same of th			AME					
STREET ADDRESS	ALALINI ARAAMB AT			IREET AD	DRESS				
CITY-ST-ZIP	PARAMORI P NI 47700			11Y - \$1 -	1			ļ	
TITLE			4.1 11				☐ Cha	nge 🔲 Addition	
NAME	HENDRIX, BENNIE D		4.2 N	AME					
STREET ADDRESS	601 N.W. SECOND ST.		4.3 \$1	IREET AD	ODRESS				
CITY-ST-ZIP	EVANSVILLE IN 47708		4.4 CI	TY-ST-Z	ZIP				
TITLE	SRVP	VP DELETE 5.11			V	<i>/D</i>	Cha	nge Addition	
NAME			5.2 N	AME	P	DELKER, JOHN S.			
STREET ADDRESS	5250 S. VIRGINIA ST., STE. 32	20	5.3 \$1	TREET AD	DRESS 6	OI NW 2ND ST.			
CITY-ST-ZIP	RENO NV		540	ITY-ST-		VANSVILLE, IN 4	170B		
TITLE	V	DELETE	611	TLF		•	☐ Cha	nge 🔲 Addition	
NAME	SEELEY, DAVID C		6.2 N	AME				•	
STREET ADDRESS	601 N.W. SECOND ST.		6.3 S	TRELT AD	ODRESS				
CITY-ST-ZIP	EVANSVILLE IN 47708		6.4 C	ITY-\$1-	ZIP				

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.