SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F97000003021

## **EQUIFIRST CORPORATION**

Principal Place of Business Mailing Address

## **FILED** Jul 14 1998 8:00am Secretary of State



B20 FOREST F CHARLOTTE N				820 FOREST POINT CIRCLE CHARLOTTE NC 28273					
							DO NOT WRITE IN THIS	SPACE	
	_						<ol> <li>Date Incorporated or Qualified</li> <li>06/10/1997</li> </ol>		
2. Principal F	Place of Busin	2a. Malling A	2a. Malling Address			4. FEI Number	Applied For		
21			26	26			56-1704428	Not Applicable	
Suite, Apt	#, etc.		Suite, Ap	Suite, Apt. #, etc.				\$8.75 Additional	
22			27	27			5. Certificate of Status Desired	Fee Required	
City & Sta	te		City & St	City & Stete			6. Election Campaign Financing	\$5.00 May Be	
23			28	28			Trust Fund Contribution	Added to Fees	
Zip		Country Zip Co			Countr	<i>'</i>	8. This corporation owes or has paid the current year Intangible		
24	25			30	Personal Property Tax due June 30. Yes 👿 No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM						81 Name			
1200 SOUTH PINE ISLAND ROAD					82	Street	et Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324					83				
						011			
					84		FL.	85 Zip Code	
11. Pursuan office or	t to th <b>e p</b> rovis regist <b>ere</b> d ac	sions of sections 607.0 pent, or both, in the Si	0502 and 607.1508, Fi ate of Florida, Such c	orida Statutes	, the above	-named (	corporation submits this statement for the purpose of characters. I hereby accept the appoint	anging 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									
						gent signat	ure required when rainstating) DATE		
TITLE	PCD	OFFICERS	AND DIRECTORS	<u> </u>	13.		ADDITIONS/CHANGES TO OFFICERS AN	<del></del>	
NAME	_	CHADIES W	L_	DELETE	1.1 TITLE		Į	Change Addition	
OF OA MARTING DAY DON'T				1.2 NAME					
CHARLOTTE NO						1.3 STREET ADDRESS			
CITY-ST-ZIP	VSTD	I E NO			1.4 CITY-S	T-ZIP			
TITLE		NITON C	L	DELETE	2.1 TITLE		VSD	Change Addition	
NAME	•				2.2 NAME		Moore, Hugh C.		
STREET ADDRESS 5423 PIPER GLEN DRIVE					2.3 STREET ADDRESS		5423 Piper Glen Drive		
CITY-ST-ZIP					2.4 CITY-S	r-ZIP	Charlotte, NC		
TITLE	AS	_	L_	DELETE	3.1 TITLE			Change  Addition	
NAME	BUSH, F B				3.2 NAME	3.2 NAME			
STREET ADDRESS					3.3 STREET	3.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLOT	IE NC			3.4 CITY-S	-ZIP			
TITLE	AT			DELETE	4.1 TITLE		T	Change Addition	
NAME					4.2 NAME				
STREET ADDRESS 8655 WALSHAM DRIVE				4.3 STREET	3STREET ADDRESS 8655 Walsham Drive				
CITY-ST-ZIP	CHARLOT	TE NC			4.4 CITY-S1	-ZIP	Charlotte, NC		
TITLE				DELETE	5.1 TITLE		AT [	Change X Addition	
NAME					5.2 NAME		Lewis, Angela P.		
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY-ST-ZIP					5.4 CITY-S1	-ZIP	9120 C Nolley Court Charlotte, NC		
TITLE				DELETE	6.1 TITLE			Change Addition	
NAME			_	· <del>-</del>	6.2 NAME		8000025889	K"TY "BE	
STREET ADDRESS					6.3 STREET	ADDRESS	8000025889 -07/14/98010930	30 <i>[[~``\\\</i>	
CITY-ST-ZIP					6.4 CITY-S1	### 1511 1111 A		1, , , ,	
44 11					E 0.7 OT 17-3	-11	<u> </u>		

14. I 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.

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## EquiFirst



EquiFirst Corporation 820 Forest Point Circle Charlotte, NC 28273 (704) 679-4400 (704) 679-4535 Fax

July 7, 1998

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: 1998 Corporation Annual Report

Dear Division of Corporations:

Enclosed please find a completed 1998 Profit Corporation Annual Report for EquiFirst Corporation. This Annual Report, indicated as a "Second Notice", was received by our company today, July 7, 1998. Please note that EquiFirst has never received a "First Notice" of this report to be filed.

Per my conversation with your office today, a check in the amount of \$150.00 has been included for initial filing fees. As instructed by your office, I have submitted this letter as explanation for non-filing and deducted the penalty amount of \$400.00 for late filing.

If you have any questions regarding the enclosed report, please contact me at (704) 679-4349. Thank you for your prompt attention to this matter.

Sincerely,

Laun Q. Stay

Karen L. Stacy

Licensing/Compliance Division

Enclosure cc: file