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CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700006162 (8)

EQUITRUST FINANCIAL GROUP, INC.

Principal Place of Business 1800 E. SAHARA #107

Mailing Address

FILED Jun 01 1998 8:00am Secretary of State



1800 E. SAHARA #107 LAS VEGAS NV 89104 LAS VEGAS NV 89104 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 86-0879644 476 Heritage Park Blvd 21 Not Applicable Suite, Apt #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite 230 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Layton, UT, 23 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes 24 25 84041 30 29 U.S.A 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 NRAI SERVICES, INC. Name 526 E. PARK AVE. Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301 83 **B4** 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 Signature, typed or printed tiame of registing diagrap and tibe if applicable (NOTE Hagistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TIBLE Addition HENINGER, GREG NAME 1.2 NAME 1800 E. SAHARA #107 1.3 STREET ADDRESS STREET ADDRESS LAS VEGAS NV 89104 CITY-ST-ZIP 1.4 CITY - ST- ZIP Addition DELETE Change THILE 2.1 TITLE **BLACKBURN, JEREMY** NAME 2.2 NAME 476 HERITAGE PARK BLVD., #230 2.3 STREET ADDRESS STREET ADDRESS LAYTON UT 84041 CITY-ST-ZIP 2 4 CITY - \$1 - ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$T-7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE Change Addition TITLE 5.1 TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules, 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 furster empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 or Grant attachment with an appears.