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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name G60975 (1)

EQUITY REALTY OF SOUTH FLORIDA, INC.

**FILED** 

Feb 27 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address  5967 SE FEDERAL HWY.  STUART FL 34997 STUART FL 34997						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
O Drimate at 6	Diagonal Divisions	1.4-11.2				09/12/1983			<del></del>	
· '	Place of Business	2a. Mailing Address				4. FEI Number E0-0400270		<u> </u>	<del></del>	ed For
Suite, Apt	# etc	Suite, Apt. #, etc.				59-2480376		#0.7		Applicable
22		27				5. Certificate of Status Desired			e Requ	ditional ilred
City & Stat	le	City & State				Election Campaign Financing	_		00 ма	
<b>23</b> Zip	28 Country Zip					Trust Fund Contribution	<u> </u>		led to F	
24	25	29 Zip	Coun	ау		8. This corporation owes or has paid the current year Intan Personal Property Tax due June 30.			_ `	_
24]	9. Name and Address of Current		30			Personal Property Tax due June  10. Name and Address of New Reg			<u> </u>	40
FA	ANKLIN, GREGORY			31	Name	TO. THE THE PARTY OF THE PARTY PARTY	11010100	- Paint		
	B7 SE FEDERAL HWY		Ĺ							
STUART FL 34997			8	32	Street Addres	ss (P.O. Box Number is Not Acceptabl	e)			
			l	33						
}			8	4	City		FL	85 2	Zip Cod	de
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 profiled name of registered agent and little if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND		13.	-geni	signature required	ADDITIONS/CHANGES TO OFFICE	DATE EDG AND	DIRECT	TODE I	N 12
TITLE	D	DELETE	1.1 TITLE	 F		ADDITIONO/OFFANALS TO OFFICE	-112 7:16	☐ Chan		Addition
NAME	Franklin, David	_	1,2 NAM						B~ _	
STREET ADDRESS	3743 SW BRASSIE WAY		1.3 STRE	_	DORESS					
CITY-ST-ZIP	PALM CITY FL 34990			1.4 CITY+ST-ZIP						
TITLE	PST	DELETE	2.1 TITLE					Chang	ge [	Addition
NAME	Franklin, Gregory		2.2 NAM	E					_	_
STREET ADDRESS	2168 SE HARRISON STREET		2.3 STRE	ET AC	ODRESS					
CITY-ST-ZIP	STUART FL 34997		2. 4 CITY	′- ST-	- ZIP					
TITLE		☐ DELETE	3.1 TITLE					Chang	ge [	Addition
NAME			3.2 NAM	E						
STREET ADDRESS			3.3 STRE	ET AE	DORESS					
CITY-ST-ZIP			3.4. CITY	'- <b>\$</b> T-	ZIP					
TITLE		DELETE	4.1 TITLE					☐ Chang	ge L	Addition
NAME			4.2 NAM	IE						Ì
STREET ADDRESS			4.3 STRE	ET AD	)Dress					
CITY-ST-ZIP			4.4 CITY	ST-	ZIP					
TITLE		☐ DELETE	5.1 TITLE					Chang	je L	Addition
NAME			5.2 NAME	Ε						
\$treet address			5.3 STREE	ET AD	DRESS					
CITY-ST-ZIP			5.4 CITY	ST-	ZIP					
TITLE		☐ DELETE	6.1 TITLE					Chang	)e [	Addition
NAME			6.2 NAME	Ξ						
STREET ADDRESS			6.3 STREE	et ad	IDRESS					
CITY-ST-ZIP			64 CITY-	ST-7	7iP					

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.