

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mertham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:57

DOCUMENT # **H39234** (0)
1. Corporation Name
FORTUNE EQUITY CORPORATION

Principal Place of Business Mailing Address
C/O BRUCE W. GRIFFIN
16120 US HIGHWAY 19 NORTH
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26	P. O. Box 11007	01/23/1985	02/23/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
		Attn: Corp. Tax		59-2484683	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Birmingham, AL		Birmingham, AL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
35288	USA	35288	USA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRIFFIN, BRUCE 16120 US HWY 19 N CLEARWATER FL 34624				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, BRUCE	1.2 NAME	Kyle R. Beall
STREET ADDRESS	17308 PREAKNESS PLACE	1.3 STREET ADDRESS	16120 US Hwy. 19 North
CITY - ST - ZIP	ODESSA FL	1.4 CITY - ST - ZIP	Clearwater, FL 34624
TITLE	S	2.1 TITLE	VP and Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGEN, KAY R.	2.2 NAME	Floyd D. Merritt
STREET ADDRESS	1520 SAN ROY DRIVE	2.3 STREET ADDRESS	16120 U.S. Hwy 19 North
CITY - ST - ZIP	DUNEDIN FL	2.4 CITY - ST - ZIP	Clearwater, FL 34624
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADYSZ, MARTIN W.	3.2 NAME	
STREET ADDRESS	115 PHILLIPS WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JOHN A.	4.2 NAME	
STREET ADDRESS	1550 S OCEAN BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, RAUSEY W.	5.2 NAME	
STREET ADDRESS	12800 VONN RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORELL, JOHN R. III	6.2 NAME	
STREET ADDRESS	16120 US 19 NORTH	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), 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: *Synda A. Bern* April 28, 1995 205-320-7149
John R. Torell June 7, 1995 205-801-0737
REPRESENTATIVE OF THE STATE
0380680 CP