

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H39234** (0)

1. Corporation Name

**FORTUNE EQUITY CORPORATION**

900001829929  
-05/20/96--01058--041  
\*\*\*200.00



Principal Place of Business

Mailing Address

C/O BRUCE W. GRIFFIN  
16120 US HIGHWAY 19 NORTH  
CLEARWATER FL 34624

P O BOX 11007  
ATTN: CORP. TAX  
BIRMINGHAM AL 35288  
US

3. Date Incorporated or Qualified <b>01/23/1985</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2484683</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

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
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 type (to printed name of signifier) (circle one):

NOTE: Registered Agent signature required when registering.

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	Vice President
NAME	BEALL, KYLE R	1.2 NAME	Kyle R. Beall
STREET ADDRESS	16120 US HWY 19 NORTH	1.3 STREET ADDRESS	1900 5th Ave North
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Birmingham, AL 35203
TITLE	VPS	2.1 TITLE	President
NAME	MERRITT, FLOYD D	2.2 NAME	Ronald Floyd
STREET ADDRESS	16120 US HWY 19 NORTH	2.3 STREET ADDRESS	16120 US Hwy 19 N Suite 135
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34624
TITLE	TD	3.1 TITLE	Vice President
NAME	GLADYSZ, MARTIN W.	3.2 NAME	John Nicholson
STREET ADDRESS	115 PHILLIPS WAY	3.3 STREET ADDRESS	1900 5th Ave North
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	Birmingham, AL 35203
TITLE	D	4.1 TITLE	Treasurer
NAME	MORAN, JOHN A.	4.2 NAME	Lynda Kern
STREET ADDRESS	1550 S OCEAN BLVD	4.3 STREET ADDRESS	1901 6th Ave North
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	Birmingham, AL 35288
TITLE	VD	5.1 TITLE	Asst. Treasurer
NAME	MASON, RAUSEY W.	5.2 NAME	Robert Smith
STREET ADDRESS	12800 VONN RD	5.3 STREET ADDRESS	1901 6th Ave North
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	Birmingham, AL 35288
TITLE	D	6.1 TITLE	Secretary
NAME	TORELL, JOHN R. III	6.2 NAME	Bill Caughran
STREET ADDRESS	16120 US 19 NORTH	6.3 STREET ADDRESS	1901 6th Ave North
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	Birmingham, AL 35288

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)(k), 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: *Lynda A. Kern* Lynda A. Kern April 29, 1996 205-320-7149  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE OF SIGNATURE  
 SC 5-1-96

CR2E034 (12/95)