

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H72718 (0)

1. Corporation Name  
EQUITY BANK



Principal Place of Business

5030 LINTON BOULEVARD  
DELRAY BEACH FL 33484

Mailing Address

5030 LINTON BOULEVARD  
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified  
08/23/1985

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
59-2549696

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE  
NAME BROAD, NORMAN  
STREET ADDRESS 475 NW 1ST AVE, STE 2000  
CITY-ST-ZIP MIAMI FL

TITLE DO ☐ DELETE  
NAME BRIER, CHARLES E.  
STREET ADDRESS 7311 E. CYPRESSHEAD DR.  
CITY-ST-ZIP PARKLAND FL

TITLE D ☐ DELETE  
NAME FLACK, ROY  
STREET ADDRESS 4800 N FEDERAL HWY., STE 200A  
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE  
NAME WOLFE, MELVIN  
STREET ADDRESS 21313 NE 18TH PLACE  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D ☐ DELETE  
NAME KATZ, STANLEY M.  
STREET ADDRESS 2 NORTH BREAKERS ROW  
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ DELETE  
NAME PAUL, JOSEPH A.  
STREET ADDRESS 16025 SW 80TH AVE  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 201 S. Biscayne Blvd - Suite 3000  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 4050 N. Ocean Drive - Apt 103  
3.4 CITY-ST-ZIP Singer Island, FL 33403

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. BRIER

4/1/96

Date

Daytime Phone #

CR2E034 (12/95)