FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J45930** **(1)**

1. Corporation Name
EQUITABLE BANK

Principal Place of Business	Mailing Address
2040 NE 163 ST NORTH MIAMI BEACH FL 33162	2040 NE 163 ST NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/05/1986**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2718611** ☐ 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

7. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	D	☐ Change ☒ Addition
NAME	SPUTE JR., H. WILLIAM	12 NAME	KLEIN, NORMAN S.	
STREET ADDRESS	2040 NE 163RD ST.	13 STREET ADDRESS	4000 HOLLYWOOD BLVD., SUITE 620 NORTH	
CITY-ST-ZIP	N. MIAMI BCH. FL	14 CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	EVANS, JAMES D.	22 NAME		
STREET ADDRESS	6520 S.W. 134TH DR	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	HERMAN, M. JACK	32 NAME		
STREET ADDRESS	11111 BISCAYNE BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, STANLEY J	42 NAME		
STREET ADDRESS	11111 BISCAYNE BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	LEADER, JERRY	52 NAME		
STREET ADDRESS	2460 N.E. 201ST ST	53 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MASUR, WAYNE K.	62 NAME		
STREET ADDRESS	1520 N.W. 203 RD ST	63 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL	64 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)(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 added on an attachment with an address.

SIGNATURE: Norman S. Klein Pres Asst 4/24/95 305 940-4050
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN ON BEHALF OF CORPORATE OFFICER OR DIRECTOR — Date — Daytime Phone #

0176230 CP