

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 # **J45930** (1)
1. Corporation Name
EQUITABLE BANK



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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
City, State, Zip, Country

3. Date Incorporated or Qualified: **12/05/1986**
3a. Date of Last Report: **04/27/1995**
4. FET Number: **59-2718611**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0902 and 607.1505, 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 607.0905, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of Registered Agent (to be printed after hearing) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TYPE
DP	SPUTE JR., H. WILLIAM	2040 NE 163RD ST.	N. MIAMI BCH. FL	<input type="checkbox"/> DELETE
D	EVANS, JAMES D.	6520 S.W. 134TH DR	MIAMI FL	<input type="checkbox"/> DELETE
D	HERMAN, M. JACK	11111 BISCAYNE BLVD.	N. MIAMI FL	<input type="checkbox"/> DELETE
D	SCHWARTZ, STANLEY J	11111 BISCAYNE BLVD.	N. MIAMI FL	<input type="checkbox"/> DELETE
D	LEADER, JERRY	2460 N.E. 201ST ST	N. MIAMI FL	<input type="checkbox"/> DELETE
D	MASUR, WAYNE K.	1520 N.W. 203 RD ST	N. MIAMI FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 TYPE
D	KLEIN, NORMAN S.	4000 HOLLYWOOD BLVD, SUITE 620 NORTH	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Addition

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]* **President** 1/31/96 (305) 940-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (City) (Area Phone)

CR2E034 (12/95)