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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33162-4941

3. Date Incorporated or Qualified: **12/05/1986**
3a. Date of Last Report: **02/05/1996**

2. Principal Place of Business
21 633 S. FEDERAL Hwy.
Suite, Apt. #, etc.
22
City & State
23 FT. LAUDERDALE FL
Zip 24 33301 Country 25 BROWARD

2a. Mailing Address
26 633 S. FEDERAL Hwy
Suite, Apt. #, etc.
27
City & State
28 FT. LAUDERDALE FL
Zip 29 33301 Country 30 BROWARD

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

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 Section s 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SPUTE JR., H. WILLIAM		1.2 NAME	KLEIN, NORMAN S.	
STREET ADDRESS	2040 NE 163RD ST.		1.3 STREET ADDRESS	4000 HOLLYWOOD BLVD. SUITE 620 N.	
CITY-ST-ZIP	N. MIAMI BCH. FL		1.4 CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	EVANS, JAMES D.		2.2 NAME	FULLER, BERNARD	
STREET ADDRESS	6520 S.W. 134TH DR		2.3 STREET ADDRESS	633 S. FEDERAL HWY	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HERMAN, M. JACK		3.2 NAME		
STREET ADDRESS	11111 BISCAYNE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, STANLEY J		4.2 NAME		
STREET ADDRESS	11111 BISCAYNE BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEADER, JERRY		5.2 NAME		
STREET ADDRESS	2460 N.E. 201ST ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MASUR, WAYNE K.		6.2 NAME		
STREET ADDRESS	1520 N.W. 203 RD ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I declare that I have examined the information supplied with this filing, 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 on an attachment with an address.

SIGNATURE: _____ 3/17/97 (954)524-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
H. WILLIAM SPUTE JR