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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J45930

1. Corporation Name
EQUITABLE BANK



Principal Place of Business: 633 S FEDERAL HWY FT LAUDERDALE FL 33301 US
Mailing Address: 633 S FEDERAL HWY FT LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: 12/05/1986

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2718611	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	EX	
Country	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	29. Zip	7. This corporation owes the current year intangible Personal Property Tax.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
25. Country	30. Country		

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

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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D
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	2.1 TITLE	D
NAME	EVANS, JAMES D.	2.2 NAME	ALLEN, STUART N.
STREET ADDRESS	6520 S.W. 134TH DR	2.3 STREET ADDRESS	20191 E. COUNTRY CLUB DR.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180
TITLE	D	3.1 TITLE	D
NAME	HERMAN, M. JACK	3.2 NAME	SCHERER, ANNE
STREET ADDRESS	11111 BISCAYNE BLVD.	3.3 STREET ADDRESS	612 S.E. 5 TERR.
CITY-ST-ZIP	N. MIAMI FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33301
TITLE	D	4.1 TITLE	
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	5.1 TITLE	
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	3/5/99 90064 013 \$58.75
TITLE	D	6.1 TITLE	
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	

14. I hereby certify that 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 agreement with an address, with all other like empowered.

SIGNATURE: _____ (954) 524-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone: _____

CHAIRMAN / PRESIDENT & CEO

CR2E034 (11/98)

7/12/99
20