

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90079 003 ***150.00

DOCUMENT # J45930

1. Entity 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**

50018498



02142005 Chg-P CR2E034 (10/03)

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|-------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-2718611 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|-------------------------------------------------|--|--|--|----------------------------------------------------|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | | |
| | | | | FL Zip Code | | | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|-------------------------------------------|---------------------------------|--|-------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------|--|
| TITLE | DP | <input type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | SPUTE JR., H. WILLIAM | | | NAME | ANNE E. SCHERER | | |
| STREET ADDRESS | 2040 NE 463RD ST. 633 S. FEDERAL HIGHWAY | | | STREET ADDRESS | P.O. Box 1182 c/o SCHERER REALTY | | |
| CITY-ST-ZIP | N. MIAMI BCH., FL FT LAUDERDALE, FL 33301 | | | CITY-ST-ZIP | FT. LAUDERDALE, FL 33302 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | EVANS, JAMES D. | | | NAME | DWIGHT J. MAXWELL | | |
| STREET ADDRESS | 6520 S.W. 434TH DR 612 SE 5TH AVE STE 1 | | | STREET ADDRESS | 2585 MAYFAIR LANE | | |
| CITY-ST-ZIP | MIAMI FL FT LAUDERDALE, FL 33301 | | | CITY-ST-ZIP | WILSTON, FL 33327 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | KLEIN, NORMAN S | | | NAME | STUART N. ALLEN | | |
| STREET ADDRESS | 4000 HOLLYWOOD BLVD. SUITE 620 NORTH | | | STREET ADDRESS | 7000 ISLAND BLVD. # 402 | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | | | CITY-ST-ZIP | AVENUE, FL 33160 | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SCHWARTZ, STANLEY J | | | NAME | | | |
| STREET ADDRESS | 11111 DISCAYNE BLVD. 445 GRAND BAY #1003 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | N. MIAMI FL KEY BISCAYNE, FL 33149 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COLLINS, JOHN D | | | NAME | | | |
| STREET ADDRESS | 1100 OLAS BLVD #544 600 CORPORATE DR #600 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33306 33334 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MASUR, WAYNE K. | | | NAME | | | |
| STREET ADDRESS | 4620 N.W. 203 RD ST 2680 HUNTER COURT | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | N. MIAMI FL FT. LAUDERDALE FL 33331 | | | CITY-ST-ZIP | | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD D. HARRIS, SUP

2/13/05

Date

Daytime Phone #

9545242265