FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J70202** **(3)**

1. Corporation Name

EQUITY PLUS INVESTORS CORPORATION

Principal Place of Business	Mailing Address
5573 TRAILSIDE DR PORT ORANGE FL 32127-9343	5573 TRAILSIDE DR PORT ORANGE FL 32127-9343

3. Date Incorporated or Qualified: 04/30/1987
3a. Date of Last Report: 02/03/1995

2. Principal Place of Business
21: 109 N.E 8th Ave
22: Suite, Apt. #, etc.
23: City & State: Okeechobee, FL
24: Zip: 34973
25: Country: OKee

2a. Mailing Address
26: P.O. Box 2376
27: Suite, Apt. #, etc.
28: City & State: Okeechobee FL.
29: Zip: 34973
30: Country: OKee

4. FEI Number: 59-2805343 ☐ 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

GENTIL, GEOFFREY
5573 TRAILSIDE DRIVE
PORT ORANGE FL 32019

10. Name and Address of New Registered Agent

81 Name: GeoFFrey GentiL
82 Street Address (P.O. Box Number is Not Acceptable): 109 N.E. 8th Ave
83:
84 City: Okeechobee FL 85 Zip Code: 34973

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] - GeoFFrey GentiL (Name of Registered Agent) DATE: 2-1-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, DONALD 5573 TRAILSIDE DRIVE PORT ORANGE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D WILLIAMS, DONALD P.O. Box 2376 Okeechobee, FL. 34973 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GENTIL, GEOFFREY 5573 TRAILSIDE DRIVE PORT ORANGE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D. GentiL, GeoFFrey P.O. Box 2376 Okeechobee, FL. 34973 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JULIAN, RICHARD 5573 TRAILSIDE DR PORT ORANGE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S JULIAN, Richard P.O. Box 2376 Okeechobee, FL. 34973 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JULIAN, DAVID 5573 TRAILSIDE DR PORT ORANGE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T JULIAN, DAVID P.O. Box 2376 Okeechobee, FL. 34973 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: [signature] GeoFFrey GentiL 2-1-96 941-357-3029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #