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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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
**109 N.E. 8TH AVENUE**
**OKEECHOBEE FL 34973**
**US**

Mailing Address
**P.O.BOX 2376**
**OKEECHOBEE FL 34973-2376**
**US**

3. Date Incorporated or Qualified: **04/30/1987**
3a. Date of Last Report: **02/02/1996**

2. Principal Place of Business
21 2633 S.E. 30th St.
Suite, Apt. #, etc.
22
City & State
23 Okeechobee, FL.
Zip 24 34974 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

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**
**109 N.E. 8TH AVENUE**
**OKEECHOBEE FL 34973**

**10. Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2633 S.E. 30th Street
83
84 City Okeechobee FL 85 Zip Code 34974

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: Geoffrey Gentil
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | D | ☐ DELETE |
| NAME | WILLIAMS, DONALD | |
| STREET ADDRESS | P.O. BOX 2376 | |
| CITY-ST-ZIP | OKEECHOBEE FL | |
| TITLE | D | ☐ DELETE |
| NAME | GENTIL, GEOFFREY | |
| STREET ADDRESS | P.O. BOX 2376 | |
| CITY-ST-ZIP | OKEECHOBEE FL | |
| TITLE | D | ☐ DELETE |
| NAME | JULIAN, RICHARD | |
| STREET ADDRESS | P.O. BOX 2376 | |
| CITY-ST-ZIP | OKEECHOBEE FL | |
| TITLE | T | ☐ DELETE |
| NAME | JULIAN, DAVID | |
| STREET ADDRESS | P.O. BOX 2376 | |
| CITY-ST-ZIP | OKEECHOBEE FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do 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 attachment with an address.

**SIGNATURE:** Geoffrey Gentil 4-28-97 (561) 732-0934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #