

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED *pg 1 of 2*
AND
FILED

1997 MAY -6 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J91782** (9)
1. Corporation Name
EQUITY GENERAL PARTNER, INC.

Principal Place of Business PO BOX 3318 P.O. BOX 33138 TAMPA FL 33601-3318 US	Mailing Address PO BOX 3318 P.O. BOX 33138 TAMPA FL 33601-3318 US
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3. Date Incorporated or Qualified 09/11/1987	3a. Date of Last Report 12/03/1996
4. FEI Number 65-0004595	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
13577 Feather Sound Drive	Suite 300
Clearwater, FL	34622 USA

9. Name and Address of Current Registered Agent BELL, ROBERT W 3600 OAKMANOR LN. LARGO FL 34644	10. Name and Address of New Registered Agent 81 Name A. R. Neal, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 13577 Feather Sound Drive 83 City, State, and Zip Code 200002168292--5 84 City Clearwater FL 85 Zip Code 34622
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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 *A. R. Neal* *A. R. Neal* *5/5/97*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S ☒ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	BELL, ROBERT W JR	1.2 NAME	Brogdon, Chris
STREET ADDRESS	4110 KENSINGTON AVE.	1.3 STREET ADDRESS	6000 Lake Forrest Drive, Suite 200
CITY-STATE-ZIP	TAMPA FL	1.4 CITY-STATE-ZIP	Atlanta, GA 30328
TITLE	PCD ☒ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	BELL, ROBERT	2.2 NAME	Dalal, Ashok
STREET ADDRESS	6146 SAN JOSE ST	2.3 STREET ADDRESS	1266 N.W. 199th Street
CITY-STATE-ZIP	TAMPA FL	2.4 CITY-STATE-ZIP	Miami, FL 33167-3232
TITLE	VD ☒ DELETE	3.1 TITLE	P ☐ Change ☒ Addition
NAME	WALKER, TYRONE A	3.2 NAME	Pifer, Cathy
STREET ADDRESS	308 BLANCA AVE	3.3 STREET ADDRESS	6000 Lake Forrest Drive, Ste. 200
CITY-STATE-ZIP	TAMPA FL	3.4 CITY-STATE-ZIP	Atlanta, GA 30328
TITLE	☐ DELETE	4.1 TITLE	S ☐ Change ☒ Addition
NAME		4.2 NAME	Rees, Philip
STREET ADDRESS		4.3 STREET ADDRESS	6000 Lake Forrest Drive, Suite 200
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	Atlanta, GA 30328
TITLE	☐ DELETE	5.1 TITLE	Assistant Secretary ☐ Change ☒ Addition
NAME		5.2 NAME	Neal, A. R.
STREET ADDRESS		5.3 STREET ADDRESS	13577 Feather Sound Drive
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Clearwater, FL 34622
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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: *A. R. Neal* *5/5/97* *(813) 571-1727*
Signature, typed or printed name of signing officer or director Date Daytime Phone # 007630

CR2E034 (9/96)



**THE UNITED STATES
CORPORATION
COMPANY**

RECEIVED

97 MAY -6 PM 1:52

07218005 CORPORATION
DIVISION 0032

ACCOUNT NO. :

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 550.00

ORDER DATE : May 6, 1997

ORDER TIME : 10:20 AM

ORDER NO. : 355598-020

CUSTOMER NO: 85036A

CUSTOMER: Norma Mcgrath, Legal Assistant
Jacobs Forlizzo & Neal, P.a.
Suite 300
13577 Feather Sound Drive
Clearwater, FL 34622

ANNUAL REPORT FILING

NAME: EQUITY GENERAL PARTNER, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS: _____

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