


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

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L21421** (7)
1. Corporation Name
EQUITIES DIVERSIFIED, INC.

Principal Place of Business
**610 COBIA WAY
OLDSMAR FL 34677
US**

Mailing Address
**610 COBIA WAY
OLDSMAR FL 34677
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/09/1989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3041431	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BUCKNER, WILLIAM 610 COBIA WAY OLDSMAR FL 34677				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE	PD NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE		3.1 TITLE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE		4.1 TITLE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE		5.1 TITLE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		6.1 TITLE	6.2 NAME 6.3 STREET ADDRESS 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 in an attachment with an address.

SIGNATURE:

[Signature]
Name and typed or printed name of signing officer or director

1-9-98 013-084-8841

CR2E034 (10/97)