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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L41214

U. S. EC	QUITIES CORPORATION									
Principal Place	e of Business	Mailing Addre	ess				i (40)(fill bit åthet tinte men i	(411 B181 B181)	F1811 61811 #1811 018	
% PHILIP H. RE	EID. JR.	% PHILIP H. R	EID. JR.							
340 ROYAL PALM WAY 340 ROYAL PALM WAY							DO NOT WRITE IN THIS SPACE			
PALM BEACH FL 33480 PALM BEACH FL 33480						3	Date Incorporated or Qualifed		<u> </u>	
1							01/09/1990			
2 Principal P	Place of Business	2a. Mailing A	ddress				FEI Number		Арр	lied For
21		26				ŀ	59-3062914		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.				Certificate of Status Desired		\$8.75 Ad	
22		27				J.	Certificate of Citation Doomes		Fee Req	uired
City & Stat	te	City & Sta	ate			6.	Election Campaign Financing		\$5.00 N	
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	_	Country		8.	This corporation owes the cur	rent year Ir	ntangible ☐ Yes [□No
24	25	29	30	<u> </u>			Personal Property Tax. Name and Address of New	Registered		
	9. Name and Address of Cu	rrent Registered Age	nt	81	Name	10.	Haile and Madiess of Hem	· rodinterer		··
REID), PHILIP H., JR.			82						
340 ROYAL PALM WAY					Street Add	tress (P	P.O. Box Number is Not Accep	table)		
	M BEACH FL 33480			83				•		
									-	
				84	City			FI	85 Zip Ci	ode
office or i agent. I a		oligations of, Section of	U7.USUS, FIONGA	a Statutes	•			DATE		
	Signature, typed or printed name of registered		(NOTE: Re	gistered Ages	nt signature requi		reinstating) ADDITIONS/CHANGES TO O		ND DIRECTOI	RS IN 12
12.	D	S AND DIRECTORS	DELETE	1.1 TITLE			ADDITIONOUS		Change	Addition
NAME	MICHAELS, ANTHONY	_		1.2 NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP	PALM BEACH FL			1.4 CITY-S	1					
TITLE	TADVI OLAOITTE		DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREE	TADDRESS					
CITY-ST-ZIP				2 4 CITY-5	ST-ZIP			٠.		
TITLE			DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME						
STREET ADDRESS	1			0.2	l	·				
CITY-ST-ZIP	3				T ADDRESS					
TITLE	5			3.3 STREE 3.4. CITY-5	i					
1	3	C	DELETE	3.3 STREE	i				Change	Addition
NAME	5		DELETE	3.3 STREE 3.4. CITY-5	ST-ZIP		,		☐ Change	Addition
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CITY-ST-ZIP 14. Hereby certify that the information supplied with this fiting 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 supplier ental 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 toostee 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, with all other like empowered.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90258 031 ***150.00