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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M03618 (9)

1. Corporation Name
EQUITRUST, INC.

Principal Place of Business
8070 NW 53 ST. STE 105 COVINGTON BLDG
MIAMI FL 33166

Mailing Address
8070 NW 53 ST. STE 105 COVINGTON BLDG
MIAMI FL 33166-4663



3. Date Incorporated or Qualified 08/06/1984
3a. Date of Last Report 01/30/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3127 Ponce de Leon Blvd	26 3127 Ponce de Leon Blvd	59-2469827	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Suite 200	27 Suite 200	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Coral Gables, FL	28 Coral Gables, FL	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 33134-6816	29 33134-6816		
Country	Country		
25 USA	30 USA		

9. Name and Address of Current Registered Agent

GOODMAN, RICHARD I.
14621 S.W. 83RD CT.
MIAMI FL 33158

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	FORMAN, MEL	1.2 NAME	FORMAN, MEL
STREET ADDRESS	7220 NW 72ND AVE.	1.3 STREET ADDRESS	7220 N.W. 72nd Avenue
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	Miami, FL 33166
TITLE	VD	2.1 TITLE	PD
NAME	MEISTER, MALCOLM	2.2 NAME	MEISTER, MALCOLM
STREET ADDRESS	951 N.E. 167TH STREET	2.3 STREET ADDRESS	951 N. E. 167th Street
CITY - ST - ZIP	N. MIAMI BEACH FL	2.4 CITY - ST - ZIP	N. Miami Beach, FL
TITLE	STD	3.1 TITLE	
NAME	GOODMAN, RICHARD I.	3.2 NAME	
STREET ADDRESS	14621 S.W. 83RD CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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: (Richard I. Goodman) 1/21/97 (305) 567-9935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)