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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M03618

EQUITRUST, INC.

Principal Place of Business Mailing Address			S			.	OLINA INGOL IGIT DIBA	I Bibir d ébri bibir d	
3127 PONCE DE LEON BLVD		3127 PONCE DE LEON BLVD							
SUITE 200		SUITE 200			DO NOT WRITE IN THIS SPACE				
CORAL GABLES FL 33134-6816 US		CORAL GABLES FL 33134-6816 US			3. Date Incorporated or Qualifed				
00		•				08/06/1984			
2. Principal Pi	lace of Business	2a. Mailing Add	iress	-		4. FEI Number		Ap	plied For
21		26				59-2469827			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	#, etc.			5. Certifcate of Status Desi	red 🗍	\$8.75 A	Additional
22		27							
City & State	e	City & State	0			6. Election Campaign Final Trust Fund Contribution	ncing	\$5.00 Added t	
Zip	Country	28 Zip		Country		8. This corporation owes th	e current year I	-	0 1 863
24	25	29	30			Personal Property Tax.	e current year i	Yes	□No
24	9. Name and Address of Curro			T	,	10. Name and Address of	New Registere	d Agent	
				81	Name	GOODMAN, RICHARD	τ		
	DDMAN, RICHARD I.			82	Street A	ddress (P.O. Box Number is Not A		***	
	21 S.W. 83RD CT.					00 Sunset Harbour			
MIAN	MI FL 33158			83	Δn.	artment #1108			
				84	City	arement #1100			Code
				.	Mi	ami Beach	F	- . 22	3139
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the oblig	502 and 607.1508, Flo te of Florida. Such cha	rida Statutes, th inge was a <u>uth</u> or	the above crized by	e-named c the corper	orporation submits this statement tration's board of directors. I hereby	or the purpose accept the app	or changing its ointment as re	gistered
anent la	m familiar with, and accept the oblid	nations of Section 607	r ńsas Parida	Statutes	/ / /	41			
ago.n. · a	intraphilian with, and dooopt the oblig	gamais on, obtained our			7 .()	121-12	\) GE	•
SIGNATURE	RICHARDI	GOODMA	4NUm	Л.	1 Y	- When		3-99	
SIGNATURE	RICHARD I Signature, typed or printed hame of registered as	GOODMA	4NOTE Regis	Л.	1 Y	juired when reinstating) ADDITIONS/CHANGES T	DATE	3-77	
SIGNATURE	RICHARD I Signature, typed or printed hame of registered as	GODMA gent and title if applicable. AND DIRECTORS	4 NOTE Regis	stered Agen	1 Y	quired when reinstating)	DATE	3-77	
SIGNATURE	Signature, typed or printed hame of registered as OFFICERS A	GODMA gent and title if applicable. AND DIRECTORS	(NOTE Regis	stered Agen	1 Y	quired when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed harne of registered as OFFICERS A	GODMA gent and title if applicable. AND DIRECTORS	AN (NOTE Regis	stered Agen 13. 1.1 TITLE	it signature rec	quired when reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed harne of registered as OFFICERS A	GODMA gent and title if applicable. AND DIRECTORS	(NOTE Regis	13. 1.1 TITLE 1.2 NAME	ADDRESS	quired when reinstating)	DATE	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature. typed or printed harne of registered as OFFICERS AD FORMAN, MEL 7220 NW 72ND AVE.	gent and title if applicable. AND DIRECTORS	(NOTE Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	ruired when reinstating) ADDITIONS/CHANGES T	DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed hame of registered at OFFICERS A D FORMAN, MEL 7220 NW 72ND AVE. MIAMI FL	gent and title if applicable. AND DIRECTORS	(NOTE Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADDRESS	PD MEISTER, MALCOLM	DATE O OFFICERS	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-2IP TITLE	Signature, typed or printed hame of registered as OFFICERS AD FORMAN, MEL 7220 NW 72ND AVE. MIAMI FL PD MEISTER, MALCOLM 951 N.E. 167TH STREET	gent and title if applicable. AND DIRECTORS	(NOTE Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE	ADDRESS	PD MEISTER, MALCOLM 3000 Island Blvd.	DATE O OFFICERS	AND DIRECTO Change	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed hame of registered as OFFICERS AD FORMAN, MEL 7220 NW 72ND AVE. MIAMI FL PD MEISTER, MALCOLM	GODMA gent and title if applicable. AND DIRECTORS	(NOTE Regis	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S'	ADDRESS TADDRESS	PD MEISTER, MALCOLM 3000 Island Blvd. Williams Island,	DATE O OFFICERS	AND DIRECTO Change Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed hame of registered as OFFICERS AD FORMAN, MEL 7220 NW 72ND AVE. MIAMI FL PD MEISTER, MALCOLM 951 N.E. 167TH STREET	GODMA gent and title if applicable. AND DIRECTORS	(NOTE Regis	stered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS TADDRESS	PD MEISTER, MALCOLM 3000 Island Blvd. Williams Island,	Apt. #2	AND DIRECTO Change	DRS IN 12
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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 suppliemental 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, of or an appear of the corporation of the corpor

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2/2/99

(305) 567-9935