FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name

MIAMI FL 33176

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # M1

6840

(4)

MIAMI FL 33116

GNATURE AND THED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

EQUITY THREE ENTERPRISES, INC.

| | 7 | |
|-----------------------------|---|--|
| Principal Place of Business | Mailing Address | |
| 9737 SW 98TH ST | P.O. BOX 160937 | |

| US | | | | | | | | | 3. Date Incorporated or Qualified 06/13/1985 | 3a. Da | ate of Last Re 06/08/19 | | |
|------------------------------|---|--|----------------------------|---------------------|--------------------------|---------------|------------------------------|---|--|-------------------------|---------------------------------------|--|--|
| A Orinainal Dia | on of Discipana | | | olina Addroon | | | | | 4. FEI Number | _L | | Applied For | |
| - | 2. Principal Place of Business | | | 2a. Mailing Address | | | - ' | F0.0FF0040 | | | · · · · · · · · · · · · · · · · · · · | | |
| 21 | | | 6 | | | | | | 33 2000070 | | | Not Applicable | |
| Suite, Apt. #, etc. | | 27 | 1 | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | |
| City & State | | | 3 | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | | |
| Z _I p | Country | | Zı | p | Cou | ntry | | | 8. This corporation has liability for | intangible | tax under s | 199.032, | |
| 24 25 29 | | | | | | 30 | | | Florida Statutes 🔀 Yes 🗌 No | | | | |
| | g. Name and Addre | ss of Current Reg | ister | ed Agent | .ll | | | 1 | 0. Name and Address of New F | Registere | d Agent | ***** | |
| | | | | | | 81 | Name | | | | | ,,,,,,, | |
| DENNI | er, scott | | | | | | | | (P.O. Box Number is Not Acceptal | olo) | | | |
| | SW 98TH ST. | | | | | 82 | Street Ado | oress | (F.O. Box Number is Not Acceptat | ле, | | | |
| | FL 33176 | | | | | 83 | | | | | | *************************************** | |
| | | | | | | 84 | City | | | | . 85 Zig | Code | |
| | | | | | | " | Ç., | | | F | L " " | | |
| or registere familiar wit | o the provisions of Secti ed agent, or both, in the th, and accept the obliga | State of Florida, Su | ich ch | nange was authorize | s, the abo d by the o | ve-n carpo | named corpo oration's boa | oration ard of | n submits this statement for the pu directors. I hereby accept the app | rpose of o pointment | changing its r as registered | egistered office agent. I am | |
| SIGNATURE _ | Signature, lyped or printers name: | of registered again and tide | if accord | icable (NOT | F: Hegistered | i Ager | I signature require | red whe | n reinstating) | 3TAG | | | |
| 12. | 0 | OFFICERS AND DIR | ECTC | DRS | 13. | | | | ADDITIONS/CHANGES TO OF | ICERS A | ND DIRECTO | RS IN 12 | |
| TITLE | P | | | DELETE | 1 1 1 | ITLE | | | | | Change | Addition | |
| NAME | DENNER, SCOT | ΙT | | | 1.2 N | AME | | | | | | | |
| STREET ADDRESS | 9737 S W 98Th | | | | 135 | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | MIAMI FL | | • | | | | 1-2IP | | | | | | |
| TITLE | | | | T DELETE | 2 17 | | | | | | Change | Addition | |
| NAME | | | | L.J ******* | 2.2 N | | | | | | | | |
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| | | | | | 1 | | T-ZIP | | | | | | |
| CITY-ST-ZIP TITLE | | ["] DELETE | | | | | 1-21 | | | | Change | Addition | |
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| NAME | | | | | | | | | | | | | |
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| TITLE | | | | Therese | 4.1T | | | | | | CT cusuas | L) Addition | |
| NAME | | | | | 4.2 N | | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | □ priess | | | 11 - 21F | | | | F1 (hana) | C Addition | |
| TITLE | | | | DELETE | 5 1 T | | | | | | Change | Addition | |
| NAME | | | | | 5.2 N | | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | | 51 - 7 IP | | | | | Propaga de la constantina della constantina dell | |
| TITLE | | | | DELETE | 6.11 | TITLE | | | | | Change | Addition | |
| NAME | \ | | | | 62 N | IAMÉ | | | | | | | |
| STREET ADDRESS | | | 1 | | 635 | TREFT | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 1 | 1 | | | S1 - ZIP | | | | v - | | |
| certify that | by certify that the information the information indicated and an officer of direction Block 12 or Block 13 in | ed on this armual so or of the convention |) (1) (1) (1) (1) | Luchlemental anni | ual report e empowe | is tru | ie and accur | ırate a | ne exemption stated in Section 119 and that my signature shall have the port as required by Chapter 607, I | e same le | oal effect as i | f made under at m <mark>y</mark> name | |