

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P00621 (3)

1. Corporation Name

EQUITABLE SERVICE CORPORATION



Principal Place of Business

1100 W. MCNAB ROAD
% CORPORATE ACCT
FT. LAUDERDALE FL 33309

Mailing Address

1100 W. MCNAB ROAD
% CORPORATE ACCT
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified

01/18/1984

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 26 400 N. Ashley Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 28 Tampa, FL

24 Zip

25 Country

29 Zip

30 Country

24 25 29 30 33602-1234

4. FEI Number

31-0842208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMNER, ALFRED
1221 BRICKELL AVENUE - 25TH FLOOR
999 BRICKELL AVE. #400
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	TRILLING, MORTON	
STREET ADDRESS	1100 W. MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTENSEN, THOMAS A.	
STREET ADDRESS	1100 W. MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HOLTHAUS, DENNIS B.	
STREET ADDRESS	1100 W. MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PURDY, RICHARD	
STREET ADDRESS	1100 W. MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOPE, CLIFFORD A.	
STREET ADDRESS	1100 W. MCNAB ROAD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sink, Adeliade A.	
1.3 STREET ADDRESS	400 N Ashley Dr	
1.4 CITY-ST-ZIP	Tampa, FL 33602-4300	
2.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mallard Larry W.	
2.3 STREET ADDRESS	400 Ashley Dr	
2.4 CITY-ST-ZIP	Tampa, FL 33602-4300	
3.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lowman, Rita J.	
3.3 STREET ADDRESS	100 N Tampa St	
3.4 CITY-ST-ZIP	Tampa, FL 33602-5126	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bailey, James T.	
4.3 STREET ADDRESS	1100 W. McNab Rd	
4.4 CITY-ST-ZIP	Fort Lauderdale FL 33309	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mulcahy, Michael J.	
5.3 STREET ADDRESS	600 Peachtree St NE	
5.4 CITY-ST-ZIP	Atlanta, GA 30308-2214	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Newman, Susan Mays	
6.3 STREET ADDRESS	101 S Tryon St	
6.4 CITY-ST-ZIP	Charlotte, NC 28255-0001	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James T. Bailey Sr, V.P. 2/16/96 (954) 979-6600

Date

Daytime Phone #

CR2E034 (12/95)