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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

	1996		DIVISION OF CORPORATIONS		NS			
DOCUN 1. Corporation	MENT # F	P23968	(1)					
EQUITA	ABLE INC.							
Principal Place	of Business	Mail	ing Address				III II	
1375 W PALMETTO PARK RD 1375 W			75 W PALMETTO PAR	K RD				
BOCA RATON	FL 33433		CA RATON FL 33433					
						3. Date Incorporated or Qualified	3a. Date of Last I	•
2. Principal Pla	ce of Business	2a I	Mailing Address			04/19/1989 4. FEI Number	03/14/19	
21	00 00 000000000000000000000000000000000	26	Maining Address			22-0893975	<u>-</u>	Applied For Not Applicable
Suite, Apt. #	, etc.	├ ──	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional
City & State		27	City & State			6. Election Campaign Financing	Fee	Required
23		28				Trust Fund Contribution		00 May Be ed to Fees
Zip	Coun	·	ľiρ	Country		8. This corporation has liability for i		199.032,
24	9. Name and Add	29 29 ress of Current Registe	red Agent	30		Florida Statutes Yes 10. Name and Address of New R		
				81	Name		Service Macik	
SCHAPIRO, RICHARD 82 Street A					Street Add	Iress (P.C. Box Number is Not Acceptable	le)	
7233 PROMENADE DR				83			·	
BUCA RA	NTON FL 33433			63				
				84	City		FL 85 Z	ip Code
11. Pursuant to	the provisions of Sec	ctions 607.0502 and 607.	1508, Florida Statutes	s, the above-n	amed corpo	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its	registered office
familiar with	n, and accept the oblig	gations of, Section 607.05	605, Florida Statutes.	u by trie corp.	radon's Doa	ard or orectors. Thereby accept the appo	ointment as registere	o agent. i am
SIGNATURE	Signature, typed or printed name	ne of registered agent and title if app	licable (NOT)	E Begistered Apoct	signature require	ed when rem (tating)	DATE	
12.		OFFICERS AND DIRECT	ORS	13.		ADDITIONS/CHANGES TO OFFI		ORS IN 12
TITLE	PD COLLADIDO FAV		☐ DELETE	1 1 TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	SCHAPIRO, FAY 7233 PROMENAI			1.2 NAME 1.3 STREET	ADDOLCC			
CITY-ST-ZIP	BOCA RATON F			1.4 City - St				
TITLE	SD		DELETE	2 1 THE			☐ Change	Addition
NAME	SCHAPIRO, RICH			2 2 NAME				
STREET ADDRESS CITY-ST-ZIP	7233 PROMENAI BOCA RATON FI			2 3 STREET .				
TILLE	BOOK NATOR FI		DELETE	2.4 CITY - ST 3. 1 TITLE	- ZIP		Change	Addition
NAME				3 2 NAME				_
STREET ADDRESS				3.3 STREET	ADDRESS			
DITY-ST-ZIP			DELETE	3.4 CITY - ST 4. 1 TITLE	- ZIP		☐ Change	Addition
NAME			_ beter	4.2 NAME			Change	[] KOOIIOII
STREET ADDRESS				4.3 STREET	ADDRESS			•
CiTY-S1-ZiP				4.4 CITY - ST	- ZIP	·		
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STREET ADDRESS				5 2 NAME 5 3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - ST				
TITLE			DELETE	6 1 TITLE		**************************************	Change	Addition
NAME				6.2 NAME				j
STREET ADDRESS				63STREE1				
14. I do hereby	certify that the inform	ation supplied with this file	ng is voluntarily furnis	64 CITY-ST shed and does	-7iP not qualify t	for the exemption stated in Section 119.0	77(3)(k) Florida Stati	ites 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.

RCHAMBH. SCHAPIED VP