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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am **Secretary of State**

03-01-1999 90069 034 ***150.00

1999 DOCUMENT # 1. Corporation Name EQUITABLE INC. Principal Place of Business Mailing Address 1375 W PALMETTO PARK RD 1375 W PALMETTO PARK RD BOCA RATON FL 33433 **BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified <u>04/19/1989</u> Applied For 2. Principal Place of Business 2a. Mailing Address 4 FEI Number 22-0893975 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 28 23 Zio Country Zip Country 8. This corporation owes the current year intangible ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHAPIRO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 82 7233 PROMENADE DR **BOCA RATON FL 33433** 83 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 uper erurangie triegA beneta CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE PD 12 NAME SCHAPIRO, FAY NAME 7233 PROMENADE DR 13 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 21 TITLE TITLE SD. SCHAPIRO, RICHARD 22 NAME 2.3 STREET ADDRESS 7233 PROMENADE DR STREET ADDRES 2.4 CITY-5T-ZP **BOCA RATON FL** CITY-ST-ZIP Change ☐ Addition DELETE AT TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZP CITY-ST-ZIP Change -— [_] Addition T OF STE 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-\$1-ZIP CITY-ST-UP Change Addition 6.1 TITLE TITLE DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY- ST-ZIP CITY-ST-ZIP

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 each; 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, with all other like empowered.

SIGNATURE: