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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P38980** (9)

1. Corporation Name
EQ SERVICES, INC.



Principal Place of Business
**1150 LAKE HEARN DR. NE
400
ATLANTA GA 30342
US**

Mailing Address
**1150 LAKE HEARN DR. NE
400
ATLANTA GA 30342-1506
US**

3. Date Incorporated or Qualified 05/27/1992	3a. Date of Last Report 06/18/1996
4. FEI Number 58-1985395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, EDWARD G	1.2 NAME	
STREET ADDRESS	1150 LAKE HEARN DR NE, SUITE 400	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URDANICK, PETER J	2.2 NAME	
STREET ADDRESS	1150 LAKE HEARN DR, NE SUITE 400	2.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDEMAR, ANTONIEWICZ J	3.2 NAME	
STREET ADDRESS	1150 LAKE HEARN DR, NE SUITE 400	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, GEORGE A	4.2 NAME	
STREET ADDRESS	1150 LAKE HEARN DR, NE SUITE 400	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, DANIEL B	5.2 NAME	
STREET ADDRESS	235 PEACHTREE ST, STE 1400	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	5.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DOUGLAS L.	6.2 NAME	Brown, Douglas L.
STREET ADDRESS	1150 LAKE HEARN DRIVE NE STE 400	6.3 STREET ADDRESS	1150 Lake Hearn Dr. NE, Suite 400
CITY - ST - ZIP	ATLANTA GA	6.4 CITY - ST - ZIP	Atlanta, GA 30342

14. I do 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 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: Douglas L. Brown Secretary 1/10/97 404/848-8614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012486

CR2E034 (9/96)