

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000057252 (7)

1. Corporation Name

EQUIVEST PROPERTIES, INC.

Principal Place of Business

1499 W. PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33486

Mailing Address

1499 W. PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33486-3323

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MORRIS, LELAND
1499 W. PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33486

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 607.1503, 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 of Registered Agent (Required for all corporations)

(Required for Agent to print name and address)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME MORRIS, LELAND
STREET ADDRESS 1499 W. PALMETTO PARK RD. STE. 400
CITY- ST- ZIP BOCA RATON FL 33486

TITLE DVT
NAME LISTOKIN, ROBERT R
STREET ADDRESS 1499 W. PALMETTO PARK RD. STE. 400
CITY- ST- ZIP BOCA RATON FL 33486

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 NAME ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP ☐ Change ☐ Addition

2.1 NAME

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3.1 NAME

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP ☐ Change ☐ Addition

4.1 NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP ☐ Change ☐ Addition

5.1 NAME

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP ☐ Change ☐ Addition

6.1 NAME

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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]

[Signature]

FILED
Mar 18 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified 08/16/1993
3a. Date of Last Report 01/23/1996
4. FEI Number 65-0431026
5. Certificate of Status Desired ☐ \$8.75 Additional Fee 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. 193.032, Florida Statutes ☐ Yes ☒ No
10. Name and Address of New Registered Agent

CR2E034 (9/96)