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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400005633 (0)** 

**EQUITABLE RESOLUTIONS, INC.** 

Mailing Address Principal Place of Business 1414 ROSE COURT 1414 ROSE COURT MELBOURNE FL 32835 MELBOURNE FL 32935-5733 3. Date Incorporated or Qualified 3a. Date of Last Report 01/24/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3233621 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Dosired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo LEVIN, PENNY A 1414 ROSE COURT Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32935** 83 84 City 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, agent, 1 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE LEVIN, PENNY A NAME 12 NAME 1414 ROSE COURT STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 1111.8 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 Offy-ST-7IP DELETE TITLE 31 11116 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZiP 3.4. CITY - ST - ZIP DELFTE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 DITY - \$1 - ZIP Change DELETE TITLE 51 TILE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 \$TREE1 ADDRESS

6.4 City - \$1-ZIP 14. I do hereby certify that the information sopplied 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 path; that I am an efficier 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

SIGNATURE:

appears in Block 12 or Block 13 if change

STREET ADDRESS

CITY-ST-ZIP

or on an attachment with an address.

4/28/97 407/255-1444

FILED

May 12 1997 8:00am

Secretary of State