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PROFIT CORPORATION ANNUAL REPORT



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

1996

 Corporation 	MENT # P9400)0063312 (0))		
•	EQUITY CORP.				
Principal Piace of Business Mailing Address					
1401 N.W. 9TH AVE. BOCA RATON FL 33486		1401 N.W. 9TH AVE. BOCA RATON FL 334	186		
				3. Date Incorporated or Qualified 3a. 08/26/1994	Date of Last Report 10/16/1995
11	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
1∤ Suite, Apt.	#. etc.	Suite, Apt #, etc.		65-0559673	Not Applicable
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
- Ζφ -1	Country	Zip	Country	8. This corporation has liability for intangile	
4]	25 9. Name and Address of Curre	29	30	Florida Statutes Yes VNc	
	5. Name and Address of Curre	ent registered Agent	81 Name	10. Name and Address of New Register	red Agent
COLTOR	N, ROBERT, DR.			Address (D.O. D. N	
	ORTHWEST 9TH AVENUE		82 Street	Address (P.O. Box Number is Not Acceptable)	
BOCA P	RATON FL 33486		83		· · · · · · · · · · · · · · · · · · ·
			84 City		85 Zip Code
11 Dura sant	to the requiring of Costings CO7 OFC	00 and 007 4500 Finish Otto			- L '
or registe	red agent, or both, in the State of Flo	rida. Such change was author	and by the account of		i changing its registered onice
TENTINES W	inn, and accept the (vingations of, Sec	ction 607.0000, Florida Statute	ized by the corporation s.es.	orporation submits this statement for the purpose of board of directors. I hereby accept the appointmen	nt as registered agent. I am
SIGNATURE	Signaturu, typod or printed name of registered ago	nt and title if applicable (N	(CTE: Registered Agent signature in	equired when reinstalling) DAT	TE
BIGNATURE	Synstructyred or pricted name of registered ago OFFICERS AI	nt and title if applicable (ND DIRFCTORS	iOTE Registered Agent signature in		re AND DIRECTORS IN 12
BIGNATURE	Structure, typed or printed name of registered age OFFICERS AT	nt and title if applicable (N	(CTE: Registered Agent signature in	equired when reinstalling) DAT	TE .
SIGNATURE	Signature, by ed or printed menus of registered age OFFICERS AI DP SONNEBORN, ROBERT 1401 N.W. 9TH AVE.	nt and title if applicable (ND DIRFCTORS	IOTE Rogistered Agent signature in 13.	equired when reinstalling) DAT	re AND DIRECTORS IN 12
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SIGNATURE:

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 1-407-369-3503 Destine Phone #