

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

FILED

May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000001728 (1)

1. Corporation Name
EQUITY VENTURES, INC.

Principal Place of Business
PO BOX 970362
BOCA RATON FL 33497-0362

Mailing Address
PO BOX 970362
BOCA RATON FL 33497-0362



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3696 N. Federal Hwy Suite, Apt. #, etc. 22 200 City & State 23 Ft Lauderdale FL Zip 24 33308		2a. Mailing Address 26 3696 N. Federal Hwy Suite, Apt. #, etc. 27 200 City & State 28 Ft Lauderdale FL Zip 29 33308		3. Date Incorporated or Qualified 01/05/1995	
Country 25 USA		Country 30 USA		4. FEI Number 65-0544674 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DANZANSKY, BARNEY K 19530 BLACK OLIVE LANE BOCA RATON FL 33498		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 the if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANZANSKY, BARNEY K	1.2 NAME	
STREET ADDRESS	19530 BLACK OLIVE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33498	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, SCOTT	2.2 NAME	
STREET ADDRESS	2401 NE 201 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, MATT	3.2 NAME	
STREET ADDRESS	11044 GIRASOL AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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:

9/2/98 [Signature] 4/27/98 5214885716

CR2E034 (10/97)