

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000030285 (7)

1. Corporation Name

EQUALITY ACQUISITION CORP.



Principal Place of Business

200 E NEW ENGLAND AVE
SUITE 301
WINTER PARK FL 32789

Mailing Address

200 E NEW ENGLAND AVE
SUITE 301
WINTER PARK FL 32789

3. Date Incorporated or Qualified

04/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 3090
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Winter Park Fla
Zip

29 32790

Country

24

25

Country

29

30

Country

4. FEI Number

59-334423

Applied For

Not Applicable

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. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

SALTSMAN, ROBERT P
200 E NEW ENGLAND AVE
SUITE 301
WINTER PARK FL 32789

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

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, of new registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.7 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY- ST- ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY- ST- ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY- ST- ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY- ST- ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY- ST- ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

F. Philip Hardy Director

1/20/96

407-644-9700

Date

Daytime Phone #

CR2E034 (12/95)