


FILED

Apr 24 1997 8:00am  
Secretary of State

<p align="center"><b>PROFIT CORPORATION</b>  <b>ANNUAL REPORT</b>  <b>1997</b></p>		<p align="center">FLORIDA DEPARTMENT OF STATE  <b>Sandra B. Mortham</b>          Secretary of State          DIVISION OF CORPORATIONS</p>
<p><b>DOCUMENT # P95000072786 (3)</b></p>		
<p><b>1. Corporation Name</b>  <b>THE EQUUS COMPANIES, INC.</b></p>		
<p><b>Principal Place of Business</b>  <b>1277 HARMON AVE.</b>  <b>WINTER PARK FL 32789</b></p>		<p><b>Mailing Address</b>  <b>P.O. BOX 3004</b>  <b>WINTER PARK FL 32780-3004</b>  <b>US</b></p>
<p><b>2. Principal Place of Business</b></p> <p><b>21</b> Suite, Apt. #, etc.</p> <p><b>22</b> City &amp; State</p> <p><b>23</b> Zip</p> <p><b>24</b> Country</p>		<p><b>2a. Mailing Address</b></p> <p><b>26</b> Suite, Apt. #, etc.</p> <p><b>27</b> City &amp; State</p> <p><b>28</b> Zip</p> <p><b>29</b> Country</p>
<p align="center"><b>9. Name and Address of Current Registered Agent</b></p>		
<p><b>LETELLIER, CAROL</b>  <b>1277 HARMON AVENUE</b>  <b>WINTER PARK FL 32789</b></p>		<p><b>81</b> Name</p> <p><b>82</b> Street Address</p> <p><b>83</b></p> <p><b>84</b> City</p>
<p><b>11.</b> Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</p>		
<p><b>SIGNATURE</b> <u>CAROL LETELLIER</u>          Signature, typed or printed name of registered agent and title if applicable</p>		<p align="right"><u>Carol</u>          (NOTE: Registered Agent signature required)</p>
<p align="center"><b>12. OFFICERS AND DIRECTORS</b></p>		
TITLE	D	<input type="checkbox"/> DELETE
NAME	LETELLIER, CAROL	
STREET ADDRESS	1277 HARMON AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LETELLIER, GARY W	
STREET ADDRESS	1277 HARMON AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<p align="center"><b>13.</b></p>		
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		
<p><b>14.</b> I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13, changed, or on an attachment with an address.</p>		
<p><b>SIGNATURE:</b> <u>CAROL LETELLIER</u>          SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		



CR2E034 (9/96)