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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 APR 30 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000072786

1. Corporation Name
THE EQUUS COMPANIES, INC.

Principal Place of Business	Mailing Address
1277 HARMON AVE. WINTER PARK, FL 32789	P.O. BOX 3004 WINTER PARK, FL 32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: SEPTEMBER 20, 1995

2. Principal Place of Business	2a. Mailing Address
21 121 KADORA DRIVE	26 121 KADORA DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NORTH BEND, OREGON	City & State 28 NORTH BEND OREGON
Zip 24 97459 Country 25 U.S.A.	Zip 29 97459 Country 30 U.S.A.

4. FEI Number: 59-3340631 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAROL LETELLIER 1277 HARMON AVE. WINTER PARK, FL. 32789	81 Name: Corporation Service Company 82 Street Address (P.O. Box Number is Not Acceptable): 120 Hays Street 83 84 City: Tall FL 85 Zip Code: 32301

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: Karen B. Rozar **Karen B. Rozar, As Its Agent** 4/30/98
(Signature of President or Vice President) (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/V GARY W. LETELLIER 1277 HARMON AVE. WINTER PARK, FL 32789 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/V GARY W. LETELLIER 121 KADORA DRIVE NORTH BEND, OREGON 97459 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/P/T/S CAROL LETELLIER 1277 HARMON AVENUE WINTER PARK, FL 32789 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P/P/T/S CAROL LETELLIER 121 KADORA DRIVE NORTH BEND, OREGON 97459 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	700002512767--4 -05/06/98--01017--031 ****150.00 ****150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	4/30/98 ☐ Change ☐ Addition

CR2E034 (10/97)

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: Carol LeTellier CAROL LETELLIER DIRECTOR 4/21/98 (541)751-8872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #