## 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

P95000084000 (5) **DOCUMENT #** 

EQ DEV	ELOPMENT, INC.				
Principal Place of	of Business	Mailing Address	at the RT and C. County and C. Cold at Artists and Cold a		ABINI BOJEL MINI DIDIK BENIN DENKE BOKI 1991
14440 PIERSON RD WELLINGTON FL 33414		14440 PIERSON RD WELLINGTON FL 33414			
				3. Date Incorporated or Qualified 10/30/1995	3a. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21 14763 Drafthorse Lane 26			thorse Lane		Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.    Wellington, FL 3341		5. Certificate of Status Desired	\$8.75 Additional
Welli City & State	ington, FL 33414	City & State	, 12 33411	6. Election Campaign Financing	Fee Required
23	USA	28	USA	Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	30	o]	Florida Statutes	□No
	9. Name and Address of Current Re	gistered Agent		10. Name and Address of New F	egistered Agent
			81 Name		
MISCHE, EUGENE R			82 Street Address (P.O. Box Number is Not Acceptable)		le)
	ERSON RD		83		
WELLING	TON FL 33414		63		
			84 City		Fi 85 Zip Code
or registered familiar with	the provisions of Sections 607,0502 and diagent, or both, in the State of Florida S i, and accept the obligations of, Section 6	Such charge was authorized to	he above-named corporal by the corporation's board	ion submits this statement for the pu- of directors. I hereby accept the app	pose of changing its registered office
SIGNATURE	Agriatural typed or printerlinamic of registerios agent a still	to if application (NOTE R	lage timed Agen I signature responset a	vien renstatingi	DATE
12.	OFFICERS AND DI	RECTORS	13.	ADD:TIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PTD	DEFELE	1 S THTLE		Change Addition
NAME	RUSBRIDGE, HARRY D	ALUMA ANA	1.2 NAME		
STREET ADDRESS	13860 WELLINGTON TRACE #12	2, SUITE 258	1.3 STREET ACORESS		
City-St-ZIP	WELLINGTON FL 33414 VSD	[7] DELETE	14 CHY - ST - ZIP	<del>.</del>	Change
TITLE	MISCHE, EUGENE R	Doctric	2 1 1//LE 2 2 NAME		Change Addition
NAME STREET ADDRESS	14440 PIERSON RD		2.3 STREET ADDRESS		
CITY - ST - ZIP	WELLINGTON FL 33414		2.4 CITY - ST - ZIP		
TITLE	WEEDING OF TE GOTTY	DELETE	3 1 11/1.8		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREE! ADDRESS		
CITY-ST-ZIP			3.4 CiTY - ST - ZiP		
TITLE		□ D€LEH€	4 1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST- ZIP			4.4 CITY - ST - ZIP		E3.0
TITLE		☐ DELETE	5 1 Title		Change C Addition
NAME CARSEL ADORSES			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<del></del>	DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	<del></del>	Change Addition
NAME			6 2 NAME		<b>□</b> 4- □ ·· ······
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		
certify that to oath; that to	certify that the information supplied with the information indicated on this annual re- am an officer or director of the corporation Block 12 or Block 13 if changed or on a	eport or supplemental annual r in or the receiver or trustee en	report is true and accurate apowered to execute this	and that my signature shall have the	same legal effect as if made under

LATORE AND TYPED OR FRIMED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/96 813 623.5801