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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000016211 (0)

1. Corporation Name

EQUITY ASSET MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

P O BOX 415608
MIAMI BEACH FL 33141

P O BOX 415608
MIAMI BEACH FL 33141-7608



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 6917 Collins Ave		26 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 1611		27 City & State		65-0642121		Not Applicable	
23 Miami Beach FL		28 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 33141		29 Zip		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LUBIN, SETH D
6917 COLLINS AVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name Nestor, Brenda
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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed and printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

Brenda Nestor

Exec Vice Pres

5/1/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/SR. VICE PRES.
NAME	COLVIN, MELVIN R	1.2 NAME	
STREET ADDRESS	P O BOX 415608 N/A	1.3 STREET ADDRESS	6917 Collins Ave
CITY - ST - ZIP	MIAMI BEACH FL 33141	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	Chairman/Pres/CEO/D
NAME		2.2 NAME	Posner, Victor
STREET ADDRESS		2.3 STREET ADDRESS	6917 Collins Ave
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Miami Beach FL 33141
TITLE		3.1 TITLE	Vice Chairman/EVP/S/AT/D
NAME		3.2 NAME	Nestor, Brenda
STREET ADDRESS		3.3 STREET ADDRESS	6917 Collins Ave
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Miami Beach FL 33141
TITLE		4.1 TITLE	SR. Vice Pres/Asst Secy/D
NAME		4.2 NAME	Field, Lisa M.
STREET ADDRESS		4.3 STREET ADDRESS	6917 Collins Ave
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Miami Beach FL 33141
TITLE		5.1 TITLE	Treasurer
NAME		5.2 NAME	Waychert, David
STREET ADDRESS		5.3 STREET ADDRESS	6917 Collins Ave.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Miami Beach FL 33141
TITLE		6.1 TITLE	Controller/Asst Treas/Asst Secy
NAME		6.2 NAME	Launer, Blanche
STREET ADDRESS		6.3 STREET ADDRESS	6917 Collins Ave
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Miami Beach FL 33141

14. I do 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:

Blanche Launer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97 (305) 866-7272

Date

Daytime Phone #

0194016

CR2E034 (9/96)