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FILED

May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

6917 COLLINS AVE
1611
MIAMI BEACH FL 33141
US

P O BOX 415808
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

65-0642121

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 Suite 1611
City & State

23

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

Country

30

9. Name and Address of Current Registered Agent

NESTOR, BRENDA
6917 COLLINS AVE
MIAMI BEACH FL 33141

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 as printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SVPD
NAME COLVIN, MELVIN R
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE PCEO
NAME POSNER, VICTOR
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE EVPS
NAME NESTOR, BRENDA
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE SVPS
NAME FIELD, LISA M
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE T
NAME WEYCHERTY, DAVID
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE CATS
NAME LAURNER, BLANCHE
STREET ADDRESS 6917 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33141

2.1 TITLE P/CEO/Chairman/Director ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33141

3.1 TITLE EVP/S/Asst.Treas/Vice ☒ Change ☐ Addition
3.2 NAME Chairman & Director
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33141

4.1 TITLE SVP/Asst.S/D ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33141

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Weychert, David
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33141

6.1 TITLE Controller/Asst.T/Asst.S ☒ Change ☐ Addition
6.2 NAME Launer, Blanche
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 33141

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

[Signature]

4/10/98 (305) 866-7272

CR2E034 (10/97)