

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90168 029 ***150.00

DOCUMENT # P96000016211

1. Corporation Name

EQUITY ASSET MANAGEMENT CORPORATION

Principal Place of Business

6917 COLLINS AVE
SUITE 1611
MIAMI BEACH FL 33141
US

Mailing Address

P O BOX 415608
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 the current year intangible
Personal Property Tax.

☐ Yes

☐ No

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, the above-named agent.

SIGNATURE

Signature, typed or printed

Signature and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SVPD
COLVIN, MELVIN R
6917 COLLINS AVE
MIAMI BEACH FL 33141

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PCEO
POSNER, VICTOR
6917 COLLINS AVE
MIAMI BEACH FL 33141

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

EVPS
NESTOR, BRENDA
6917 COLLINS AVE
MIAMI BEACH FL 33141

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SVPD
FIELD, LISA M
6917 COLLINS AVE
MIAMI BEACH FL 33141

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
WEYCHERT, DAVID
6917 COLLINS AVE
MIAMI BEACH FL 33141

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CTS
LAUNER, BLANCHE
6917 COLLINS AVE
MIAMI BEACH FL 33141

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

P/CEO/Chairman/Director

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

EVP/S/Asst Treas/
Vice Chairman/Director

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SVP/Asst Secy/Director

☒ Change

☐ Addition

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

Controller/Asst Treas/Asst Secy

☒ Change

☐ Addition

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, with an other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

4/29/99

(305) 866-7272

Date

Daytime Phone #

CR2E034 (11/98)

0210365