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**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Worthington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071309 (4)

1. Corporation Name
EQUITY FINANCE, INC.



Principal Place of Business: **4558 CLYDE MORRIS BLVD. PORT ORANGE FL 32119**

Mailing Address: **4558 CLYDE MORRIS BLVD. PORT ORANGE FL 32119-7455**

3. Date Incorporated or Qualified: **08/26/1996**

3a. Date of Last Report

4. FEI Number: **59-3405058**

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**KLEIN, THEODORE J ESQ.
16855 NE 2ND AVENUE STE 301
NO MIAMI BACH FL 33162**

10. Name and Address of New Registered Agent

81. Name: **Stephen E. Johnson**

82. Street Address (P.O. Box Number is Not Acceptable): **4558 Clyde Morris Blvd**

83. Suite One

84. City: **Port Orange** FL 85. Zip Code: **32119**

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: _____ DATE: **4/17/97**

12. OFFICERS AND DIRECTORS

TITLE: **President** DELETE

NAME: **Stephen E. Johnson**

STREET ADDRESS: **4558 Clyde Morris Blvd**

CITY-ST-ZIP: **Port Orange, FL 32119**

TITLE: **Sec/Treas** DELETE

NAME: **John W. Trost**

STREET ADDRESS: **4558 Clyde Morris Blvd**

CITY-ST-ZIP: **Port Orange, FL 32119**

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

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: _____ DATE: **1-29-97** DONLY: **904/756-1800**

CR2E034 (9/96)