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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham 💰

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000071309 (4)

FILED Apr 17 1997 8:00am Secretary of State

EQUITY FINANCE, INC.					
₹rincipal Place of Business	Mailing Address			Dûlle lûde r fi sê k ir	# 09140 1011 1301
4558 CLYDE MORRIS BLVD. PORT ORANGE FL 32119 4558 CLYDE MORRIS BLVD. PORT ORANGE FL 32119-7455					
•			3. Date Incorporated or Qualified 08/26/1996	3a. Date of La	ast Report
2, Principal Place of Business	2a, Mailing Address		4. FEI Number		Applied For
21	Suite, Apt. #, etc		59-3405058	/ 60	Not Applicable
Suite, Apt. #, etc.	27 Suite, Apr. #, etc		5. Certificate of Status Desired		75 Additional se Required
City & State	City & State		6. Election Campaign Financing	\$5	.00 May Be
23	28	т	Trust Fund Contribution	☐ Ad	ided to Fees
Zip Country	Zip	Country 30	This corporation has liability for in Florida Statutes	intangible tax und] Yes 🏻 No	der s. 199.032,
24 25 9. Name and Address of 0		[30]	10. Name and Address of New Re		
KLEIN, THEODORE J ESQ.		B1 Nageo	and a Colone		
16855 NE 2ND AVENUE STE 3	01	82 Street Ad	ephen E. Johns dress (P.O. Box Number is Not Acceptab		
NO MIAMI BACH FL 33162		45	58 Clude Morr		d
		83	ute. One		
•		B4 City	<u> </u>	85	Zip Code
•		10	rt Orange		Zip Code 3a119
 Pursuant to the provisions of Sections 6: office or registered agent, or both, in the 	07.0502 and 607.1508, Florida Statut e State of Florida. Such change was :	tes, the above-named co authorized by the corpor	rporation submits this statement for the plation's board of directors. I hereby accept	ourpose of chang	jing its registered nt as registered
agent. I an fornillar with, and accept the	obligations of, Section 607.0505, Fl	orida Statutes.	ation's board of directors. I hereby accep	/ /	. de regione se
SIGNATURE Styrical iner, typical or printed name of con-	d title if gentlicante (NOI	E. Registered Agent signature rec	uland when relinerations	DATE	
	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
Dreedent	DELETE	1.1 TITLE		Cha	
Stephen E. John	nson .	1.2 NAME			
Stephen E. John	rris Blud	13 STREET ADDRESS			
OHY-SIZE Port Orange.	FL 32119	1.4 CITY - ST - ZIP			
1011 Caa lee			······································		
Sec/Treas	DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Cha	ange Addition
NAME John W. Trost	["] DEFEIF	2.1 TITLE 2.2 NAME	***************************************	☐ Cha	ange Addition
NAME John W. Trost STREET ADDRESS 4558 Clyde MI	orris Blud	2.2 NAME 2.3 STREET AODRESS		□ Cha	ange Addition
NAME John W. Trost STREET ADDRESS 4558 Clyde MI CIR ST-ZIP Fort Orange,	orris Blud FL 32119	2.2 NAME 2.3 STREET AODRESS 2.4 GHY-ST-ZIP		Sya"	
John W. Trost 4558 Clyde Mi Fort Orange,	orris Blud	2.2 NAME 2.3 STREET AODRESS 2.4 City+ST-Zip 3.1 Title		Sya"	ange Addition
John W. Trost 1558 Clyde Mi 1615 ST-JP Fort Orange, 1911 1941	orris Blud FL 32119	2.2 NAME 2.3 STREET AODRESS 2.4 CHY-S1-ZIP 3.1 TITLE 3.2 NAME		Sya"	
NAME STREET ADDRESS John W. Trost 4588 Clyde Mi Port Orange, 1914 NAME STREET ADDRESS	orris Blud FL 32119	2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-SI-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS	\	Sya"	
NAME STREET ADDRESS CTY ST-ZIP PORT Orange, THAM STREET ADDRESS CTY-ST-ZIP	Orris Blud FL 32119	2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-SI-ZIP 3.1 HILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-SI-ZIP		Ser' Chr	ange Addition
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Tam 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 13 if changed, or on an attachment with an address.



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