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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086710 (6)

EQUITY INVESTMENT INTERNATIONAL, INC.

Lacini	THE COMMENT WITE THE COMMENT	ine, iiio.				
Principal Place of Business		Mailing Address		1 · · · · · · · · · · · · · · · · · ·	- I RECURDED HAE HOURD CHINI CONTHE STATE CENTRE CONTENT FOR CONTINUE SHALL HOURD I THOUGH ECOLO CONT	
33671 US HWY 19 PALM HARBOR FL 34684		33671 US HWY 19 PALM HARBOR FL 34684-2639				
						3. Date Incorporated or Qualified 10/18/1996 3a. Date of Last Report
21 28870		2a. Mailing Address 26				4. FEI Number 59 - 34 06 889 Applied For Not Applicable
	E 300	Suite, Apt. #, etc.				5. Certificate of Status Desired
	QWATER, FL	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
71p 34621 Country 25 USA		Zip 29	·····			This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sum \) No
	9. Name and Address of Curren					10. Name and Address of New Registered Agent
RAN	ISBERGER, JOSEPH D			81	Name	
336	71 US HWY 19 M HARBOR FL 34684		•	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
				83		
				84	City	FL B5 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	2		ve 6			ed when reinstaling) DATE
Signative, typed or printed name of registered agent and title if applicable (NOT 12. OFFICERS AND DIRECTORS				Registered Agent signature require 13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THEF			1.1 T/I	LE	1	☐ Change ☐ Addition
NAME	TERRY YALCIN		1.2 NA	1.2 NAME		
STREET ADDRESS 28870 US TWY 19		1.3 STREET ADDRE		ADDRESS		
CHIY-SI-ZIP	CLEARWATER FI	. 3462] 14		[Y - S]	T-ZIP	
TITLE	Scerebry, Treasurer	☐ DELETE				Change Addition
NAME FRANK SCHNEDOER		,	2.2 NAME			
STREET ADDRESS 28870 US TWY 19 N			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
CHY-ST-ZIP CYEARWATER, 'PL.,		34621	DELETE 3.1 TITL		51 - ZIP	Change Addition
NAME			3 2 NAME			hand storings than 100/1001
STREET ADDRESS			3 3 STREET ADDRESS		ADDRESS	•
CITY-ST-ZIP			3 4. CI	ITY-S	ST- ZIP	
THLE		☐ DELETE	4 1 10	TLE	Ī	Change Addition
NAME			4 2 NAME			
STREET AUDRESS			4.3 STREET ADDRESS		1	
CHY-SI-Zi ²		DELETE	44 CITY-ST-ZIP 51 TITLE		T-ZIP	Change Addition
		F" DECEIE		51 IIILE 52 NAME		Last onenge Last Addition
NAME STREET AUDRESS					ADDRESS	
CITY-SI-ZIP						
TIRE DELETE			5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition	
NAME			62 NA	ME		
STHEET ADDRESS					ADORESS	

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 coloporation of 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 trapport. If you an attachment with an address.