

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT ★ 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P970000 82876**
1. Corporation Name
Equitable Enterprises, Inc.

Principal Place of Business
**7616 Southland Blvd.
Suite 108
Orlando FL 32809**

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7616 Southland Blvd. 22 Suite 108 23 Orlando, FL 24 32809 25 USA		2a. Mailing Address 26 SAME 27 28 29		3. Date Incorporated or Qualified 09/13/1997	
		4. FEI Number 59-3470943		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			

9. Name and Address of Current Registered Agent
**K. E. Herold
7616 Southland Blvd. Suite #205
Orlando, FL 32809**

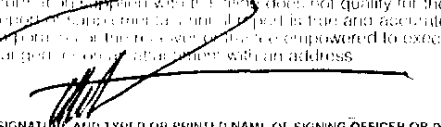
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 607.0501 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 _____ (NAME of Registered Agent or officer required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	K. E. Herold	12 NAME	
STREET ADDRESS	733 W. HARVARD ST.	13 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32804	14 CITY-ST-ZIP	
TITLE	DNP	21 TITLE	☐ Change ☐ Addition
NAME	K. E. Herold	22 NAME	
STREET ADDRESS	733 W. HARVARD ST.	23 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32804	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information submitted with this form does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this form 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; and that I am duly authorized to execute this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:  **5/3/98** **407-256-6418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)