2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State
02-27-2004 90033 031 ***158.75

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1. Entity Name
EQUITABLE FINANCIAL GROUP, INC.

94021720

Principal Place of Business	Mailing Address
633 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33301	633 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33301

02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0899883
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPUTE, H. WILLIAM JR.
633 SOUTH FEDERAL HIGHWAY
FT. LAUDERDALE, FL 33301

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SPUTE, WILLIAM H JR.
STREET ADDRESS	6978 NW 62ND TERRACE
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	D
NAME	ALLEN, STUART
STREET ADDRESS	20191 E. COUNTRY CLUB DR #PH7
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	D
NAME	EVANS, JAMES D
STREET ADDRESS	5420 SW 134 DR
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	KLEIN, NORMAN S
STREET ADDRESS	16025 W. PRESTWICK PL
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	D
NAME	Collins, John D.
STREET ADDRESS	1 Los Olas Blvd #511
CITY-ST-ZIP	Fort Lauderdale, FL 33316
TITLE	D
NAME	MASUR, WAYNE K
STREET ADDRESS	2680 HUNTER CT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SVP 2/24/04 9545247226
ALLEN HARGRAVE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #