

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90006 017 \*\*\*150.00

**DOCUMENT # P98000077440**

1. Corporation Name  
**EQUAL SIX CORP.**

Principal Place of Business  
**4190 S.W. 75TH CIRCLE EAST  
DAVIE FL 33314**

Mailing Address  
**4190 S.W. 75TH CIRCLE EAST  
DAVIE FL 33314**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/08/1998**

4. FEI Number  
**45-0864077**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 **2057 Taft St.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **2057 Taft St.**  
Suite, Apt. #, etc.

22 City & State  
23 **Hollywood, FL**

27 City & State  
28 **Hollywood, FL**

24 Zip  
**33020**

29 Zip  
**33020**

9. Name and Address of Current Registered Agent

**BOGGS, LESTER C  
4190 S.W. 75TH CIRCLE EAST  
DAVIE FL 33314**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2057 Taft St.**  
83  
84 City **Hollywood** **FL** 85 Zip Code **33020**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BOGGS, LESTER C	4190 S.W. 75TH CIRCLE EAST	DAVIE FL 33314	<input type="checkbox"/>
D	HUTCHISON, LORA J	705 EAST GREEN LANE	WOODSTOCK GA 30189	<input type="checkbox"/>
D	THORNTON, DEBORAH K	4151 S.W. 75TH CIRCLE	DAVIE FL 33314	<input type="checkbox"/>
D	BOGGS, HAMILTON D	2301 LEE STREET	HOLLYWOOD FL 33020	<input type="checkbox"/>
D	PAYNE, NANCY A	P.S.C. 41 BOX 45	APO AE 09464	<input type="checkbox"/>
D	WILLIAMS, KIMBERLY S	ROUTE 5B BOX 669	HINDERSVILLE NC 28792	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE: Lora J. Hutchison Lora J. Hutchison 2/10/99 954-923-3440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)