

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-04-2005 90049 043 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000039105

1. Entity Name
EQUITABLE EQUITY LENDING, INC.



Principal Place of Business
633 S. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33301

Mailing Address
633 S. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33301

66004232



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0920798
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPUTE, H W JR.
633 S. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33301

DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ALLEN, STUART
STREET ADDRESS 20181 E. COUNTRY CLUB DR. APT. PH7
CITY-ST-ZIP AVENTURA, FL 33180

TITLE D
NAME EVANS, JAMES D
STREET ADDRESS 5420 S.W. 134 DRIVE
CITY-ST-ZIP MIAMI, FL 33156

TITLE D
NAME KLEIN, NORMAN S
STREET ADDRESS 16025 W. PRESTWICK PLACE
CITY-ST-ZIP MIAMI LAKES, 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 COURT
CITY-ST-ZIP FT. LAUDERDALE, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE: *WEN HARGREAVEN*
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/29/05 954 524 2265

3/9/05