

08-01-96 11:45AM

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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00
**PROFIT
CORPORATION
ANNUAL REPORT
1996**

 FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

96 AUG -1 AM 10:06

DOCUMENT # S-61442

1. Corporation Name

EQUITRUST FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

 3321 N 37th Street
Apt 3C
HOLLYWOOD, FL
33021

 3321 N. 37th St.
Apt 3C
HOLLYWOOD, FL
33021

9000001911379

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****225.00 ****225.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 00-21-91		3a. Date of Last Report 01-23-95	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above-named corporation authorizes this statement for the purpose of changing its registered agent, familiar with and accept the obligation of, Section 607.0505, Florida Statutes.				12. Name and Address of New Registered Agent			
13. Name and Address of New Registered Agent				14. Name and Address of New Registered Agent			

SIGNATURE

Signature of Agent or Director

Signature of Agent or Director

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
STREET ADDRESS	STREET ADDRESS	3. STREET ADDRESS	4. CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	5. CITY-STATE-ZIP	6. CITY-STATE-ZIP
TITLE	NAME	7. TITLE	8. NAME
STREET ADDRESS	STREET ADDRESS	9. STREET ADDRESS	10. CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	11. CITY-STATE-ZIP	12. CITY-STATE-ZIP
TITLE	NAME	13. TITLE	14. NAME
STREET ADDRESS	STREET ADDRESS	15. STREET ADDRESS	16. CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	17. CITY-STATE-ZIP	18. CITY-STATE-ZIP
TITLE	NAME	19. TITLE	20. NAME
STREET ADDRESS	STREET ADDRESS	21. STREET ADDRESS	22. CITY-STATE-ZIP
CITY-STATE-ZIP	CITY-STATE-ZIP	23. CITY-STATE-ZIP	24. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey D Rubenstein

8/1/96

CR2E034 (12/95)