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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H09007

(6)

FILED Jan 22 1998 8:00am Secretary of State

1. Corporation	on Name	•	(~)										
ESPRI	T COMMUNICATIONS, INC.												
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Principal Plac	ce of Business	Mailing Ad	dress	,			1 2004011 011	If United I Hill El				EIEIL EIL	
% WILLIAM V	WATSON TRICK, JR.	7027 W R	ROWARD BLVD										
	RAL HWY., 3RD FL	SUITE 402											
POMPANO B	BEACH FL 33062	PLANTATIO	ON FL 33317			,		DO NO	OT WRITE	E IN THIS	SPACE		
		บร				ĺ	3. Date Incorp	orated or C	Qualified			-	
							06/20/19	984					
2. Principal F	Place of Business	2a. Mailing	Address				4. FEI Number	r				Applie	d For
21		26					59-242	5534			-	Not Ap	plicable
Suite, Apt	#, etc.	Suite, A	pt. #, etc.				5. Certificate of	of Stätus Da	oirod		\$8.7	5 Addit	tional
22		27				j	5. Certificate C	JI Status De	sireu		Fee	Requir	ed
City & Stat	te	City & S	State				6. Election Ca	mpaign Fina	ancing	-	\$5.4	00 May	/ Be
23		28					Trust Fund	Contribution	1			ed to Fe	
Zip	Country	Zip	L	Country	у		8. This corpora	ation owes	or has pa	aid the cu	rrent year	Intangi	ble
24	25	29		30			Personal Pro				Yes	☐ No	>
	9. Name and Address of Current	Registered Ag	ent				10. Name and	Address of	New Re	gistered	Agent		
TR	ICK, WILLIAM WATSON JR.			81	Name								
660	0 S. FEDERAL HWY., 3RD FL			82	Street A	Addres	s (P.O. Box Num	nher is Not	Acceptat	rie)			
PO	MPANO BEACH FL 33062			-	0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5 (1 .O. DOX 1101)	1001 13 14017	-cceptar	26)			1
				83									
				84	011								
				04	City					FL	85 Z	ip Code	•
11. Pursuant	to the provisions of Sections 607,0502 registered agent, or both, in the State o im familiar with, and accept the obligat	and 607.1508,	Florida Statutes	the above	e-named o	corpora	ation submits thi	s statement	for the p	ourpose o	f changin	a its rec	istered
office or r	registered agent, or both, in the State o	of Florida, Such	change was au	thorized by	y the corp	poration	n's board of direc	ctors, i here	by accep	ot the app	pointment	as regis	stered
agoni. ra	arriver mich, and accept the opligat												
	_		007.0000, 1 1011	da Statute	s.								
SIGNATURE	Signature, typed or printed name of registered agent											i	}
		and title if applicable					when reinstating)		•	DATE			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable		Registered Age			when reinstating) ADDITIONS/0		•	DATE		ORS IN	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable	(NOTE	Registered Age		required v	when reinstating) ADDITIONS/0	CHANGES T	O OFFIC	DATE	DDIRECT	ORS IN	12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD	and title if applicable	(NOTE	13.	ent signature r	PD SAV	when reinstating) ADDITIONS/O	CHANGES T BTRIC	O OFFIC	DATE CERS AN	D DIRECT	ORS IN	12
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4. I hereby certify that the information supplied with this filling does not quality 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 it made under eath; that I am an officer or director of the composition 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 chapter 607 and attachment with an appears.

SIGNATURE:

JAMOUIRED WALTER W SAMMIS, VP, VII/98

CR2E034 (10/97)