FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J08025 (5)

1. Corporation Name
E.S. UNLIMITED, INC.

Principal Place of Business	Mailing Address
957 LAUREL RD NO. PALM BEACH FL 33408	957 LAUREL RD NO. PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1986	3a. Date of Last Report: 04/15/1994
4. FEI Number: 65-0074338	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 10258 Riverside Dr.	26
Suite, Apt. #, etc. 22 Suite 6	Suite, Apt. #, etc. 27
City & State 23 Palm Beach Gardens, FL.	City & State 28
Zip 24 33410	Country 25 USA
Zip 29	Country 30

9. Name and Address of Current Registered Agent

STEPHENS JR., EARL
957 LAUREL RD.
NO PALM BEACH FL 33408

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	STEPHENS JR., EARL	1.2 NAME		
STREET ADDRESS	957 LAUREL RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	NO. PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	MACARI, STEPHEN J.	2.2 NAME		
STREET ADDRESS	9694 VIXEN CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	T.	☒ Change ☐ Addition
NAME	ROEDEL, SEAN T	3.2 NAME	Luoma, Christopher N.	
STREET ADDRESS	1822 ABBEY RD H203	3.3 STREET ADDRESS	253 Hawthorne Dr.	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	Palm Springs, FL. 33461	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	STEPHENS, DIANE M	4.2 NAME		
STREET ADDRESS	4535 SE BECKETT	4.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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)(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.

SIGNATURE: Diane Stephens DIANE Stephens Sec. 4/21/95 407-775-1887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0436747 FP