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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90147 005 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **K31761**

1. Corporation Name
ESI EBENSBURG, INC.

Principal Place of Business
**700 UNIVERSE BOULEVARD
 JUNO BEACH FL 33408**

Mailing Address
**ATTN: FRANCES M. CARPENTER
 700 UNIVERSE BOULEVARD
 JUNO BEACH FL 33408**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/25/1988

4. FEI Number
65-0073777 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 **SEE ATTACHED**

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

**LEON, J E
 9250 W FLAGLER ST
 MIAMI FL 33174**

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	DV <input type="checkbox"/> DELETE HOFFMAN, KENNETH P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, KENNETH P	1.2 NAME	
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	1.3 STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	1.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GELBER, LESLIE J	2.2 NAME	YACKIRA, MICHAEL W
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	2.3 STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	2.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLAN, PETER	3.2 NAME	
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	3.3 STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	3.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, FRANCES M	4.2 NAME	
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	4.3 STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	4.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, SCOT C.	5.2 NAME	
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	5.3 STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	5.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONDER, STEPHEN H.	6.2 NAME	
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	6.3 STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	6.4 CITY-ST-ZIP	JUNO BEACH FL 33408

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 Frances M. Carpenter JIR Frances M. Carpenter 2/19/99 (561) 6917171
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)