


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K79391 (4)
 Corporation Name
ESSEX AGENCY OF FLORIDA, INC.



Principal Place of Business % UNITED CORPORATE SERVICES INC. 801 NORTHEAST 167TH STREET, SUITE 300 NORTH MIAMI BEACH FL 33162	Mailing Address % UNITED CORPORATE SERVICES INC. 801 NORTHEAST 167TH STREET, SUITE 300 NORTH MIAMI BEACH FL 33162
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/11/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3515591	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES INC. 801 NORTHEAST 167TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162				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	VP	1.1 TITLE	SVP
NAME	ALBRIGHT, THOMAS E	1.2 NAME	THOMAS E ALBRIGHT
STREET ADDRESS	60 MAY DR.	1.3 STREET ADDRESS	825 THIRD AVENUE
CITY-ST-ZIP	CHATHAM NJ	1.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10022
TITLE	T	2.1 TITLE	
NAME	LANTHIER, ELIZA M	2.2 NAME	
STREET ADDRESS	147 RARITAN RIVER RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALIFON NJ	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	
NAME	ZYTKOWICZ, GREGORY G	3.2 NAME	
STREET ADDRESS	86-11 135TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND HILL, NY.	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	C/P/D
NAME	CROWE, KEVIN E	4.2 NAME	KEVIN E CROWE
STREET ADDRESS	150 E 73RD ST	4.3 STREET ADDRESS	825 THIRD AVENUE
CITY-ST-ZIP	NY NY	4.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10022
TITLE	P	5.1 TITLE	
NAME	CUNNINGHAM, GERALD G.	5.2 NAME	
STREET ADDRESS	1125 PONTI RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPA CA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: GREGORY G. ZYTKOWICZ *[Signature]* **4/21/98 (212) 371-0303**

CR2E034 (10/97)