

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # K79391**

1. 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**

2. Principal Place of Business  
21 **c/o National Corporate Research, Ltd.**  
Suite, Apt. #, etc.  
22 **1406 Hays Street, Suite 2**  
City & State  
23 **Tallahassee, Florida**  
Zip Country  
24 **32301** 25 **USA**

2a. Mailing Address  
26 **c/o National Corporate Research, Ltd.**  
Suite, Apt. #, etc.  
27 **1406 Hays Street, Suite 2**  
City & State  
28 **Tallahassee, Florida**  
Zip Country  
29 **32301** 30 **USA**

**9. Name and Address of Current Registered Agent**

**NATIONAL CORPORATE RESEARCH, LTD., INC.  
1406 HAYS STREET  
SUITE 2  
TALLAHASSEE FL 32301**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 obligation of, Section 607.0505, Florida Statutes.

**SIGNATURE**

12. SIGNATURE, TYPE OF POSITION, TITLE, OFFICE, AND DIRECTORS

TITLE	<b>SVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALBRIGHT, THOMAS E</b>	
STREET ADDRESS	<b>825 THIRD AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LANTHIER, ELIZA M</b>	
STREET ADDRESS	<b>147 RARITAN RIVER RD.</b>	
CITY-ST-ZIP	<b>CALIFON NJ</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>ZYTLOWICZ, GREGORY G</b>	
STREET ADDRESS	<b>86-11 135TH STREET</b>	
CITY-ST-ZIP	<b>RICHMOND HILL, NY.</b>	
TITLE	<b>CPD</b>	<input type="checkbox"/> DELETE
NAME	<b>CROWE, KEVIN E</b>	
STREET ADDRESS	<b>825 THIRD AVENUE</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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99 MAR 18 AM 8:44  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
DO NOT WRITE IN THIS SPACE



3. Date Incorporated or Qualified  
**04/11/1989**

4. FEI Number  
**13-3515591**

5. Certificate of Status Desired  
 Applied For  
 Not Applicable  
**\$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

10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Gregory G Zytlowicz* 3-9-99 (212)371-0303

CR2E034 (1/198)

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**Essex Agency of Florida, Inc.**  
**Officer Listing**

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>	<b><u>TITLE</u></b>
Kevin E. Crowe	825 Third Avenue New York, NY 10022	Chairman, CEO
Frederick S. Nicholas III	825 Third Avenue New York, NY 10022	President
Gregory G. Zytkowicz	825 Third Avenue New York, NY 10022	VP / Secretary
Craig McCulloch	215 Gateway Road West Napa, CA 94558	Vice President
Tim Stoddart	825 Third Avenue New York, NY 10022	Vice President
Jeffery D. Powell	215 Gateway Road West Napa, CA 94558	VP - Corporate Compliance Manager / Asst. Secretary
Elisa Lanthier	825 Third Avenue New York, NY 10022	Treasurer / Controller
Melissa Romano	825 Third Avenue New York, NY 10022	Assistant Treasurer

**Director Listing**

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
Kevin E. Crowe	825 Third Avenue New York, NY 10022