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

FILED
95 MAY -1 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K93491 (4)

1. Corporation Name
ESI VICTORY, INC.

Principal Place of Business	Mailing Address
1400 CENTREPARK BLVD STE 600 W. PALM BEACH FL 33401 US	1400 CENTREPARK BLVD STE 600 W. PALM BEACH FL 33401 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/07/1989
3a. Date of Last Report: 03/23/1994
4. FEI Number: 65-0125823 ☐ 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 See attached

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (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	D	11 TITLE	DV	☒ Change ☐ Addition
NAME	CARPENTER, LARRY K.	12 NAME		
STREET ADDRESS	1400 CENTREPARK BLVD 600	13 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, KENNETH P	22 NAME		
STREET ADDRESS	1400 CENTREPARK BLVD #600	23 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	GELBER, LESLIE J	32 NAME		
STREET ADDRESS	1400 CENTREPARK BLVD #600	33 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☒ Change ☐ Addition
NAME	BARNA, KENNETH G	42 NAME	MC GRATH, ROBERT L	
STREET ADDRESS	1400 CENTREPARK BLVD #600	43 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, FRANCES M	52 NAME		
STREET ADDRESS	1400 CENTREPARK BLVD 600	53 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Frances M. Carpenter 4/15/95 (407) 687-4900
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Frances M. Carpenter, Secretary

0242660 CP