

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K93491 (4)**

1. Corporation Name
ESI VICTORY, INC.



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

3. Date Incorporated or Qualified: **06/07/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 11760 US Highway One**
2a. Mailing Address: **26 11760 US Highway One**

4. FEI Number: **65-0125823**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22 Suite 600**
27. Suite 600

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 North Palm Beach, FL**
28. North Palm Beach, FL

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 33408** Country: **25 US**
29. Zip: **33408** Country: **30 US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No **See Attached**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	<input type="checkbox"/> DELETE
NAME	CARPENTER, LARRY K.	
STREET ADDRESS	1400 CENTREPARK BLVD 600	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOFFMAN, KENNETH P	
STREET ADDRESS	1400 CENTREPARK BLVD #600	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GELBER, LESLIE J	
STREET ADDRESS	1400 CENTREPARK BLVD #600	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCGRATH, ROBERT L	
STREET ADDRESS	1400 CENTREPARK BLVD #600	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARPENTER, FRANCES M	
STREET ADDRESS	1400 CENTREPARK BLVD 600	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11760 US HWY ONE, #600
1.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11760 US HWY ONE, #600
2.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11760 US HWY ONE, #600
3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	11760 US HWY ONE, #600
4.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	11760 US HWY ONE, #600
5.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800001781728
6.3 STREET ADDRESS	-04/16/96--01035--010
6.4 CITY-ST-ZIP	***200.00

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)(g), 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* **Frances M. Carpenter** 4/1/96 (407) 691 3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

SG 4-16-96