

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L24607 (8)**

1. Corporation Name  
**ESI SEMASS CORP. LP, INC.**



Principal Place of Business  
**1400 CENTREPARK BLVD #600  
W. PALM BEACH FL 33401  
US**

Mailing Address  
**1400 CENTREPARK BLVD #600  
W. PALM BEACH FL 33401  
US**

3. Date Incorporated or Qualified **10/23/1989** 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 **65-0152025** 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 Country  
24 **33408** 25 **US** 29 **33408** 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 WEST FLAGLER STREET  
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 and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFFMAN, KENNETH P</b>	1.2 NAME	
STREET ADDRESS	<b>1400 CENTREPARK BLVD, 600</b>	1.3 STREET ADDRESS	<b>11760 US HWY ONE, #600</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GELBER, LESLIE J</b>	2.2 NAME	
STREET ADDRESS	<b>1400 CENTREPARK BLVD, 600</b>	2.3 STREET ADDRESS	<b>11760 US HWY ONE, #600</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	2.4 CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, FRANCES M.</b>	3.2 NAME	
STREET ADDRESS	<b>1400 CENTREPARK BLVD 600</b>	3.3 STREET ADDRESS	<b>11760 US HWY ONE, #600</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	3.4 CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGRATH, ROBERT L</b>	4.2 NAME	
STREET ADDRESS	<b>1400 CENTRE PARK BLVD, 600</b>	4.3 STREET ADDRESS	<b>11760 US HWY ONE, #600</b>
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	4.4 CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONILLA, LORI J</b>	5.2 NAME	
STREET ADDRESS	<b>1400 CENTREPARK BLVD 600</b>	5.3 STREET ADDRESS	<b>11760 US HWY ONE, #600</b>
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	5.4 CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>100001782311</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-04/16/96--01057--024</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***200.00</b>

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)(k), 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)