

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

**FILED**

**Apr 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L24607** (8)  
1. Corporation Name  
**ESI SEMASS CORP. LP, INC.**



Principal Place of Business: 11760 US HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408 US  
Mailing Address: 11760 US HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408-3029 US

3. Date Incorporated or Qualified: 10/23/1989  
3a. Date of Last Report: 04/15/1996  
4. FEI Number: 65-0152025  
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 WEST FLAGLER STREET  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOFFMAN, KENNETH P	
STREET ADDRESS	11760 US HWY ONE #800	
CITY-ST-ZIP	W. PALM BEACH FL 33408	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GELBER, LESLIE J	
STREET ADDRESS	11760 US HWY ONE #800	
CITY-ST-ZIP	W. PALM BEACH FL 33408	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARPENTER, FRANCES M.	
STREET ADDRESS	11760 US HWY ONE #800	
CITY-ST-ZIP	W. PALM BEACH FL 33408	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCGRATH, ROBERT L	
STREET ADDRESS	11760 US HWY ONE #800	
CITY-ST-ZIP	W. PALM BEACH FL 33408	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BONILLA, LORI J	
STREET ADDRESS	11760 US HWY ONE #800	
CITY-ST-ZIP	W PALM BEACH FL 33408	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Frances M. Carpenter* Frances M. Carpenter 3/24/97 561-691-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)