

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
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DOCUMENT # L75204 (2)
1. Corporation Name
ESI SKY RIVER, INC.



Principal Place of Business C/O ESI ENERGY, INC. 11760 US HIGHWAY ONE N PALM BEACH FL 33408	Mailing Address C/O ESI ENERGY, INC. 11760 US HIGHWAY ONE N PALM BEACH FL 33408-3013
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3. Date Incorporated or Qualified 05/23/1990	3a. Date of Last Report 04/15/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. FEI Number 65-0198819	27. Applied For Not Applicable	28. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	29. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Attached
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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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, LARRY K	1.2 NAME	
STREET ADDRESS	11760 US HWY ONE STE 600	1.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL 33408	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, KENNETH P	2.2 NAME	
STREET ADDRESS	11760 US HWY ONE STE 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL 33408	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELBER, LESLIE J	3.2 NAME	
STREET ADDRESS	11760 US HWY ONE STE 600	3.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL 33408	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, ROBERT L	4.2 NAME	
STREET ADDRESS	11760 US HWY ONE STE 600	4.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL 33408	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, F.M.	5.2 NAME	
STREET ADDRESS	11760 US HWY ONE STE 600	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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** Date: **3/24/97** Daytime Phone: **561-691-3500**

CR2E034 (9/96)