


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

FILED

**Apr 28 1997 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # L89448 (9)
 1. Corporation Name
ESI WEST ENFIELD, INC.



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| Principal Place of Business 11760 US HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408 | Mailing Address 11760 US HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408-3029 |
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|--|--|
| 3. Date Incorporated or Qualified 07/27/1990 | 3a. Date of Last Report 04/16/1996 |
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|--|---|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | 4. FEI Number 65-0208753 Applied For <input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No SEE ATTACHED |
|--|---|--|--|--|--|

| | | | |
|---|---|--|-----------------------|
| 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 reinstalling) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | S <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARPENTER, FRANCES M | 1.2 NAME | |
| STREET ADDRESS | 11760 US HIGHWAY ONE SUITE 600 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | NORTH PALM BEACH 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 HIGHWAY ONE SUITE 600 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | NORTH PALM BEACH 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 HIGHWAY ONE SUITE 600 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | NORTH PALM BEACH FL 33408 | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGRATH, ROBERT L | 4.2 NAME | |
| STREET ADDRESS | 11760 US HIGHWAY ONE SUITE 600 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | NORTH PALM BEACH FL 33408 | 4.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BONILLA, LORI J | 5.2 NAME | |
| STREET ADDRESS | 11760 US HIGHWAY ONE SUITE 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 my address.

SIGNATURE: *Frances M. Carpenter* **Frances M. Carpenter 4/5/97 (561) 691-3500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)