

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 # **P28729** (2)

1. Corporation Name
ESI CALIFORNIA HOLDINGS, INC.



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

3. Date Incorporated or Qualified: **04/02/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0179481**
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 11760 US Highway One**
Suite, Apt. #, etc.: **22 Suite 600**
City & State: **23 North Palm Beach, FL**
Zip: **24 33408** Country: **25 US**
2a. Mailing Address: **26 11760 US Highway One**
Suite, Apt. #, etc.: **27 Suite 600**
City & State: **28 North Palm Beach, FL**
Zip: **29 33408** Country: **30 US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEON, J E
9250 W. 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELBER, LESLIE J	1.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD SUITE 600	1.3 STREET ADDRESS	11760 US HWY ONE, #600
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, KENNETH P	2.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD SUITE 600	2.3 STREET ADDRESS	11760 US HWY ONE, #600
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, ROBERT L	3.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD SUITE 600	3.3 STREET ADDRESS	11760 US HWY ONE, #600
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	S
STREET ADDRESS		4.3 STREET ADDRESS	CARPENTER, FRANCES M.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	11760 US HWY ONE, #600
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200001782992
STREET ADDRESS		6.3 STREET ADDRESS	-04/16/96--01134--020
CITY-ST-ZIP		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)(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** 3/11/96 (407) 691-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)