

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000010025 (2)**

1. Corporation Name
ESI OPERATING SERVICES, INC.



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

3. Date Incorporated or Qualified: **02/07/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0471798**
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: **LEON, JOAQUIN E 9250 WEST 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) 400001784584 -04/17/96--01093--030 83 City 84 ***200.00 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: DP	HOFFMAN, KENNETH P	1.1 TITLE: DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOFFMAN, KENNETH P	1400 CENTREPARK BLVD SUITE 600 W PALM BEACH FL	1.2 NAME:	
STREET ADDRESS:		1.3 STREET ADDRESS: 11760 US HWY ONE, #600	
CITY - ST - ZIP:		1.4 CITY - ST - ZIP: NORTH PALM BEACH FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	BONILLA, LORI J	2.1 TITLE:	
NAME: BONILLA, LORI J	1400 CENTREPARK BLVD SUITE 600 W PALM BEACH FL	2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY - ST - ZIP:		2.4 CITY - ST - ZIP:	
TITLE: DV	GELBER, LESLIE J	3.1 TITLE: DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GELBER, LESLIE J	1400 CENTREPARK BLVD SUITE 600 W PALM BEACH FL	3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS: 11760 US HWY ONE, #600	
CITY - ST - ZIP:		3.4 CITY - ST - ZIP: NORTH PALM BEACH FL 33408	
TITLE: V	FRIES WILLIAM A	4.1 TITLE: DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FRIES WILLIAM A	1400 CENTREPARK BLVD SUITE 600 W PALM BEACH FL	4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS: 11760 US HWY ONE, #600	
CITY - ST - ZIP:		4.4 CITY - ST - ZIP: NORTH PALM BEACH FL 33408	
TITLE: DT	MCGRATH, ROBERT L	5.1 TITLE: T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCGRATH, ROBERT L	1400 CENTREPARK BLVD SUITE 600 W PALM BEACH FL	5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS: 11760 US HWY ONE, #600	
CITY - ST - ZIP:		5.4 CITY - ST - ZIP: NORTH PALM BEACH FL 33408	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		6.2 NAME: CARPENTER, FRANCES M	
STREET ADDRESS:		6.3 STREET ADDRESS: 11760 US HWY ONE, #600	
CITY - ST - ZIP:		6.4 CITY - ST - ZIP: NORTH PALM BEACH FL 33408	

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** 3/18/96 (407) 691 3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

FCB
4-16-96