SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000016975 (2)**

1. Corporation Name

E.S.P. OF PALM BEACH, INC.

Principal Place of Business	Mailing Address
335 SHERWOOD FOREST DR DELRAY BEACH FL 33445	335 SHERWOOD FOREST DR DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 242 PAR DRIVE
22: Suite, Apt. #, etc.
23: City & State: ROYAL PALM BEACH, FL.
24: Zip: 33411
25: Country: PALM BEACH

2a. Mailing Address
26: 242 PAR DRIVE
27: Suite, Apt. #, etc.
28: City & State: ROYAL PALM BEACH FL.
29: Zip: 33411
30: Country: PALM BEACH

4. FEI Number: 65-0569384 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

BERNSTEIN, SHELDON E
335 SHERWOOD FOREST DR
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name: JOAN E. GAFFIN
82 Street Address (P.O. Box Number is Not Acceptable): 242 PAR DRIVE
83:
84 City: ROYAL PALMBEACH FL 85 Zip Code: 33411

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: JOAN E. GAFFIN Joan E. Gaffin, Pres. 8/3/95
Signature, type(s) or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNSTEIN, SHELDON E 335 SHERWOOD FOREST DR DELRAY BEACH FL 33445	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	RESIGNED	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNSTEIN, DORIS G 335 SHERWOOD FOREST DR DELRAY BEACH FL 33445	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	RESIGNED	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERNSTEIN, STEVEN H 4613 DRUMMOND AVE CHEVY CHASE MD 20815	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	RESIGNED	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANN, SUSAN B 8121 PAISLEY PL POTOMAC MD 20854	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	RESIGNED	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D JOAN E. GAFFIN 242 PAR DRIVE ROYAL PALM BEACH, FL 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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)(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: JOAN E. GAFFIN Joan E. Gaffin, Pres. 8/3/95 407-798-9603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0094430 CP