

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 # P95000021538 (0)

1. Corporation Name
ESI CHEROKEE GP, 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**

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**

3. Date Incorporated or Qualified: **03/15/1995**
 3a. Date of Last Report
 4. FEI Number: **65-0578189** 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 **See Attached**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEON, JOAQUIN E
 9250 WEST FLAGLER ST.
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	BRYAN, PATRICK M	11770 U.S. HWY. 1	NORTH PALM BEACH FL 33408	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
	DV GELBER, LESLIE J	11760 US HWY ONE, #600	NORTH PALM BEACH FL 33408	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	DP LEIGHTON, MICHAEL L	11760 US HWY ONE, #600	NORTH PALM BEACH FL 33408	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	DT MCGRATH, ROBERT L	11760 US HWY ONE, #600	NORTH PALM BEACH FL 33408	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	S CARPENTER, FRANCES M	11760 US HWY ONE, #600	NORTH PALM BEACH FL 33408	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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)