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**Mar 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **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**

3. Date Incorporated or Qualified: **03/15/1995** 3a. Date of Last Report: **04/16/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	65-0578189	Not Applicable
22 City & State	27 City & State	6. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	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		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GELBER, LESLIE J	1.2 NAME	TANCER, EDWARD F.
STREET ADDRESS	11760 US HWY ONE, #600	1.3 STREET ADDRESS	11760 HS HIGHWAY ONE SUITE 600
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	1.4 CITY - ST - ZIP	NORTH PALM BEACH FL 33408
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIGHTON, MICHAEL L	2.2 NAME	
STREET ADDRESS	11760 US HWY ONE, #600	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	2.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, ROBERT L	3.2 NAME	
STREET ADDRESS	11760 US HWY ONE, #600	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, FRANCES M	4.2 NAME	
STREET ADDRESS	11760 US HWY ONE, #600	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	4.4 CITY - ST - ZIP	
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 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 an address.

SIGNATURE: *Frances M. Carpenter* **FRANCES M. Carpenter** Date: **2/9/97** 561-691-3500

CR2E034 (9/96)