

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000020436 (7)
 1. Corporation Name
ESI BRADY POWER SERVICES, INC.



Principal Place of Business 11760 U.S. HIGHWAY ONE SUITE 600 N. PALM BEACH FL 33408	Mailing Address 11760 U.S. HIGHWAY ONE SUITE 600 N. PALM BEACH FL 33408
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/05/1996	4. FEI Number 65-0655258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <i>See Attachment</i>		

9. Name and Address of Current Registered Agent
LEON, J. E
9250 W. FLAGLER STREET
MIAMI FL 33174

10. Name and Address of New Registered Agent
 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GELBER, LESLIE J	1.2 NAME BOYLAN, PETER
STREET ADDRESS	1170 US HIGHWAY ONE STE 600	1.3 STREET ADDRESS 11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP	N. PALM BEACH FL 33408	1.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFONSO, ADALBERTO	2.2 NAME HATHAWAY, SCOT C
STREET ADDRESS	11760 US HIGHWAY ONE STE 600	2.3 STREET ADDRESS 11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP	N PALM BCH FL 33408	2.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC GRATH, ROBERT L	3.2 NAME PONDER, STEPHEN H
STREET ADDRESS	11760 US HIGHWAY ONE STE 600	3.3 STREET ADDRESS 11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP	N PALM BCH FL 33408	3.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, KENNETH P	4.2 NAME TANCER, EDWARD F
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	4.3 STREET ADDRESS 11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP	N PALM BCH FL 33408	4.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, FRANCES M	5.2 NAME KEENER, JAMES A
STREET ADDRESS	11760 US HIGHWAY ONE STE 600	5.3 STREET ADDRESS 11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP	N PALM BCH FL 33408	5.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME HOFFMAN, KENNETH P.
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I 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, SECRETARY *Frances M. Carpenter* 2/15/98 (561)691-3500

CR2E034 (10/97)