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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000020472 (2)**

1. Corporation Name
ESF OAKRIDGE, INC.

Principal Place of Business	Mailing Address
54 N.E. FOURTH AVENUE **DELRAY BEACH FL 33483**	**54 N.E. FOURTH AVENUE** **DELRAY BEACH FL 33483-4529**

3. Date Incorporated or Qualified: **03/06/1996** | 3a. Date of Last Report:

2. Principal Place of Business
21 MAPP ROAD
Suite, Apt #, etc.
22
City & State
23 STUART, FLORIDA
Zip
24
Country
25 UNITED STATES

2a. Mailing Address
26 1320 N. Ocean Blvd.
Suite, Apt. #, etc.
27
City & State
28 GULFSTREAM, FLORIDA
Zip
29 33483
Country
30 UNITED STATES

4. FEI Number: 65-0649711 ☐ 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

STRAWN, JOEL I
54 N.W. FOURTH AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name: GEORGE T. ELMORE
82 Street Address (P.O. Box Number is Not Acceptable): 1320 N. OCEAN BLVD.
83
84 City: GULF STREAM **FL** 85 Zip Code: 33483

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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] DATE: 2-10-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] STRAWN, JOEL T 54 N.E. FOURTH AVE. DELRAY BEACH FL 33483	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR GEORGE T. ELMORE 1320 N. Ocean Blvd. GULF STREAM, FL 33483	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY/DIRECTOR GREG FAGAN 4152 W. BLUE HERON BLVD. #128 RIVIERA BCH, FL 33404	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRESIDENT/DIRECTOR CONRAD SCHAEFER 4152 W. BLUE HERON BLVS. #128 RIVIERA BCH, FL 33404	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: [signature] GREG FAGAN VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-10-97 Daytime Phone #