

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

FILED

**Mar 05 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 # P96000082914 (8)

1. Corporation Name
ESI DOSWELL GP, INC.



Principal Place of Business
11760 U.S. HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408

Mailing Address
11760 U.S. HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408-3029

3. Date Incorporated or Qualified **10/08/1996** 3a. Date of Last Report

4. FEI Number **65-0704632** 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 **See Attached**

2. -Principal Place of Business 2a. Mailing Address

21. Suite, Apt #, etc. 26. Suite, Apt #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEON, J.E.
9250 WEST FLAGLER STREET
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	D <input type="checkbox"/> DELETE	11 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANCER, EDWARD F	12 NAME	
STREET ADDRESS	11760 U.S. HIGHWAY ONE	13 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	HOFFMAN, KENNETH P
STREET ADDRESS		23 STREET ADDRESS	11760 US HWY ONE, SUITE 600
CITY-ST-ZIP		24 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	<input type="checkbox"/> DELETE	31 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	GELBER, LESLIE J
STREET ADDRESS		33 STREET ADDRESS	11760 US HWY ONE, SUITE 600
CITY-ST-ZIP		34 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	<input type="checkbox"/> DELETE	41 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	MC GRATH ROBERT L
STREET ADDRESS		43 STREET ADDRESS	11760 US HWY ONE, SUITE 600
CITY-ST-ZIP		44 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	<input type="checkbox"/> DELETE	51 TITLE	CARPENTER, FRANCES M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	11760 US HWY ONE, SUITE 600
STREET ADDRESS		53 STREET ADDRESS	NORTH PALM BEACH FL 33408
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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** 2/14/97 561-691-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)