

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

**FILED**

**May 01 1998 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1998**



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

**DOCUMENT # P96000087866 (5)**

1. Corporation Name  
**ESSEX CAPITAL CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**260 CRANDON BLVD  
SUITE 26  
KEY BISCAIYNE FL 33149**

Mailing Address  
**260 CRANDON BLVD  
SUITE 26  
KEY BISCAIYNE FL 33149**

3. Date Incorporated or Qualified  
**10/24/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

4. FEI Number  
**65-0706287**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CORDOBA, MARIA  
260 CRANDON BLVD  
SUITE 26  
KEY BISCAIYNE FL 33149**

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

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>CORDOBA, ALFONSO</b>            |                                 |
| STREET ADDRESS | <b>260 CRANDON BLVD, STE 26</b>    |                                 |
| CITY-ST-ZIP    | <b>KEY BISCAIYNE FL 33149</b>      |                                 |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>CORDOBA GOOD, MARIA CECILIA</b> |                                 |
| STREET ADDRESS | <b>260 CRANDON BLVD, STE 26</b>    |                                 |
| CITY-ST-ZIP    | <b>KEY BISCAIYNE FL 33149</b>      |                                 |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>GOOD, SIDNEY S</b>              |                                 |
| STREET ADDRESS | <b>260 CRANDON BLVD, STE 26</b>    |                                 |
| CITY-ST-ZIP    | <b>KEY BISCAIYNE FL 33149</b>      |                                 |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>CORDOBA, VIRGINIA</b>           |                                 |
| STREET ADDRESS | <b>260 CRANDON BLVD, STE 26</b>    |                                 |
| CITY-ST-ZIP    | <b>KEY BISCAIYNE FL 33149</b>      |                                 |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>CORDOBA, CECILIA</b>            |                                 |
| STREET ADDRESS | <b>260 CRANDON BLVD, STE 26</b>    |                                 |
| CITY-ST-ZIP    | <b>KEY BISCAIYNE FL 33149</b>      |                                 |
| TITLE          |                                    | <input type="checkbox"/> DELETE |
| NAME           |                                    |                                 |
| STREET ADDRESS |                                    |                                 |
| CITY-ST-ZIP    |                                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 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: *Maria Cecilia Cordoba Good* **MARIA CECILIA CORDOBA GOOD 4/21/98 (305)361-9800**

CR2E034 (10/97)