

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

FILED
Mar 26 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 # P96000088989 (4)
 1. Corporation Name
ESI DOSWELL POWER SERVICES, INC.



Principal Place of Business 11780 U.S. HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408	Mailing Address 11780 U.S. HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/28/1996	
4. FEI Number 65-0707572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees 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 <input type="checkbox"/> No See Attached	

9. Name and Address of Current Registered Agent

LEON, J.E.
9250 WEST FLAGLER STREET
MIAMI FL 33174

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 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

TITLE	AS	<input type="checkbox"/> DELETE
NAME	TANCER, EDWARD F	
STREET ADDRESS	11780 U.S. HIGHWAY ONE	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GELBER, LESLIE J.	
STREET ADDRESS	11780 US HWY ONE, #600	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ALFONSO, ADALBERTO	
STREET ADDRESS	11780 US HWY ONE, #600	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MCCRATH, ROBERT L.	
STREET ADDRESS	11780 US HWY ONE, #600	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARPENTER, FRANCES M	
STREET ADDRESS	11780 US HWY ONE, #600	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOYLAN, PETER	
1.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	
1.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HATHAWAY, SCOT C	
2.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	
2.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PONDER, STEPHEN H	
3.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	
3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
4.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KEENER, JAMES A	
4.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	
4.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
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: **FRANCES M CARPENTER, SECRETARY** *Frances M Carpenter* 2/16/98 (561)691-3500

CFR2E034 (10/97)