

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90191 026 ***150.00

13086/96

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000004064

1. Corporation Name
E SOLUTIONS CORPORATION



Principal Place of Business
 10142 TRAILWOOD CIRCLE
 JUPITER FL 33478

Mailing Address
 10142 TRAILWOOD CIRCLE
 JUPITER FL 33478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/14/1998

2. Principal Place of Business
 21 **7601 E. TREASURE DRIVE**

2a. Mailing Address
 26 **7601 E. TREASURE DRIVE**

4. FEI Number
65-0804721

Suite, Apt. #, etc.
 22 **# 2212**

Suite, Apt. #, etc.
 27 **# 2212**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
 23 **N. Bay Village**

City & State
 28 **N. Bay Village**

6. Election Campaign Financing, Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
 24 **33141** 25 **USA**

Zip Country
 29 **33141** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

81 Name **STUART M. GOLD ESQ.**
 82 Street Address (P.O. Box Number is Not Acceptable)
8180 NW 36 ST # 100
 83 **MIAMI**
 84 City **FL** 85 Zip Code **33164**

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 Stuart M. Gold 4/14/99 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PD NICHOLAS, RICHARD E**
 STREET ADDRESS **10142 TRAILWOOD CIRCLE**
 CITY-ST-ZIP **JUPITER FL 33478**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VD CONDE, THANH THUY**
 STREET ADDRESS **10142 TRAILWOOD CIRCLE**
 CITY-ST-ZIP **JUPITER FL 33478**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME **S. Brian Winger**
 3.3 STREET ADDRESS **7601 E. TREASURE DRIVE # 2212**
 3.4 CITY-ST-ZIP **N. BAY VILLAGE FL 33141**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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 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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** 4/15/99 (813) 230-0007
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034.(11/98)