

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAY -1 11 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **S38333** (8)
1. Corporation Name
ESI DOSWELL, INC.

Principal Place of Business Mailing Address
1400 CENTREPARK BLVD SUITE 600 WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified **03/18/1991** 3a. Date of Last Report **03/23/1994**

4. FEI Number **65-0256835** 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 **See Attached**

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

9. Name and Address of Current Registered Agent
LEON, J E
9250 W. FLAGLER ST.
MIAMI FL 33174

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 _____ DATE _____
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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, KENNETH P.	1.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD., #600	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELBER, LESLIE J	2.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD., #600	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, LARRY K.	3.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD., #600	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, FRANCES M.	4.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD 600	4.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BCH. FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNA, KENNETH G.	5.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD., #600	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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** **3/23/95** **407-687-4900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number
SECRETARY