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**Mar 04 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 # S38333 (8)

1. Corporation Name
ESI DOSWELL, INC.



Principal Place of Business
11760 US HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408

Mailing Address
11760 US HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408-3029

3. Date Incorporated or Qualified **03/18/1991** 3a. Date of Last Report **04/16/1996**

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

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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, KENNETH P	1.2 NAME	
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	1.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELBER, LESLIE J	2.2 NAME	
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	2.4 CITY - ST - ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, LARRY K	3.2 NAME	
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, FRANCES M	4.2 NAME	
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, ROBERT L	5.2 NAME	
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	5.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *James M. Carpenter* 2/11/97 561-691-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)