

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAY - 1 PH 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V27087 (8)

1. Corporation Name
ESI ANTILLES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/06/1992** 3a. Date of Last Report **03/08/1994**
4. FEI Number **65-0329150** 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. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEON, J E
9250 W. FLAGLER ST.
MIAMI FL 33174**

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 resigning)

DATE

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	GELBER, LESLIE J	1.2 NAME	
STREET ADDRESS	1400 CENTREPARK BLVD, 600	1.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZLE, GREGORY M	2.2 NAME	DELETE HAZLE
STREET ADDRESS	1400 CENTREPARK BLVD, 600	2.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNA, KENNETH G	3.2 NAME	MCGRATH, ROBERT L.
STREET ADDRESS	1400 CENTREPARK BLVD, 600	3.3 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600
CITY - ST - ZIP	W. PALM BEACH FL	3.4 CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, FRANCES M	4.2 NAME	FRIES, WILLIAM A.
STREET ADDRESS	1400 CENTREPARK BLVD, 600	4.3 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600
CITY - ST - ZIP	W. PALM BEACH FL	4.4 CITY - ST - ZIP	WEST PALM BEACH FL
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	LEIGHTON, MICHAEL L.
STREET ADDRESS		5.3 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600
CITY - ST - ZIP		5.4 CITY - ST - ZIP	WEST PALM BEACH FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	Kenneth P. Hoffman
CITY - ST - ZIP		6.4 CITY - ST - ZIP	1400 Centrepark Blvd., STE 600 West Palm Beach FL

Handwritten initials: BM, 5/16

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 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 of this report.

SIGNATURE: *Frances M. Carpenter* FRANCES M. CARPENTER 3/23/95 407-687-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SECRETARY