

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000020852 (7)

1. Corporation Name

ESI DIXIE VALLEY LP, INC.



Principal Place of Business

Mailing Address

1400 CENTREPARK BOULEVARD
SUITE 600
WEST PALM BEACH FL 33401

1400 CENTREPARK BOULEVARD
SUITE 600
WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified
03/17/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 11760 US Highway One

Suite, Apt. #, etc.

22 Suite 600

City & State

23 North Palm Beach, FL

Zip

24 33408

Country

25 US

2a. Mailing Address

26 11760 US Highway One

Suite, Apt. #, etc.

27 Suite 600

City & State

28 North Palm Beach, FL

Zip

29 33408

Country

30 US

4. FEI Number
65-0487073

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

10. Name and Address of New Registered Agent

LEON, J. E
9250 WEST FLAGLER STREET
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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DP	CARPENTER, LARRY K	1400 CENTREPARK BLVD, STE 600	WEST PALM BEACH FL	
DV	GELBER, LESLIE J	1400 CENTREPARK BLVD, STE 600	WEST PALM BEACH FL	
DT	MCGRATH, ROBERT L	1400 CENTREPARK BLVD, STE 600	WEST PALM BEACH FL	
S	CARPENTER, FRANCES M	1400 CENTREPARK BLVD, STE 600	WEST PALM BEACH FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		11760 US HWY ONE, #600	NORTH PALM BEACH FL 33408	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		11760 US HWY ONE, #600	NORTH PALM BEACH FL 33408	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		11760 US HWY ONE, #600	NORTH PALM BEACH FL 33408	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		11760 US HWY ONE, #600	NORTH PALM BEACH FL 33408	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100001784591
-04/17/96--01093--033
***200.00

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

3/11/96

(407) 691 3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)