

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

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90027 017 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 335843**

1. Corporation Name  
**ESSLINGER-WOOTEN-MAXWELL, INC.**

Principal Place of Business  
 1360 S.DIXIE HWY.  
 CORAL GABLES FL 33146

Mailing Address  
 1360 S.DIXIE HWY.  
 CORAL GABLES FL 33146



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/01/1968**

4. FEI Number  
**59-1220247**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**SHUFFIELD, RONALD A.**  
**1360 S.DIXIE HWY.**  
**CORAL GABLES FL 33146**

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HARPER, ALLEN C.	
STREET ADDRESS	1360 S.DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	SHUFFIELD, RONALD A.	
STREET ADDRESS	1360 S.DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STRICKROOT, BLAIR C.	
STREET ADDRESS	1360 S. DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONES, SHERRIE L	
STREET ADDRESS	1360 S. DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROCK ARLENE	
STREET ADDRESS	1360 S. DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUTLER, ELIZABETH B	
STREET ADDRESS	1360 S.DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gonzalez, Nelson
1.3 STREET ADDRESS	1360 S. Dixie Hwy
1.4 CITY-ST-ZIP	Coral Gables, FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Percal, Esther
2.3 STREET ADDRESS	1360 S. Dixie Hwy
2.4 CITY-ST-ZIP	Coral Gables, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Machado, Norbert
3.3 STREET ADDRESS	1360 S. Dixie Hwy
3.4 CITY-ST-ZIP	Coral Gables, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Carrier, Sandra S.
4.3 STREET ADDRESS	1360 S. Dixie Hwy
4.4 CITY-ST-ZIP	Coral Gables, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hostutler, Joan A.
5.3 STREET ADDRESS	1360 S. Dixie Hwy
5.4 CITY-ST-ZIP	Coral Gables, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, with all other like empowered.

SIGNATURE: Ronald A. Shuffield **FILED** 4/27/99 305-667-8871  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)