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Apr 22 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 # 615286 (2)
1. Corporation Name
ESSEX, INC.



Principal Place of Business

1200 US HWY I
SUITE E
NORTH PALM BCH FL 33408

Mailing Address

1200 US HWY I
SUITE E
NORTH PALM BCH FL 33408

3. Date Incorporated or Qualified

03/20/1979

3a. Date of Last Report

03/08/1996

2. Principal Place of Business

21 FIVE STAR PROPERTIES, INC. FIVE STAR PROPERTIES, INC.
Suite, Apt. #, etc.

2a. Mailing Address

27 FIVE STAR PROPERTIES, INC. FIVE STAR PROPERTIES, INC.
Suite, Apt. #, etc.

4. FEI Number

59-1895635

Applied For

Not Applicable

22 721 US I #217
City & State

27 721 US I #217
City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 NORTH PALM BEACH, FL
Zip

28 NORTH PALM BEACH, FL
Zip

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 33408

25 USA

29 33408

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LETSCH, EILEEN
1200 US HWY 1, STE. E
NORTH PALM BCH FL 33408

10. Name and Address of New Registered Agent

81 Name
DUANE C. HEISER FIVE STAR PROPERTIES, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

721 US I #217

83

84 City

NORTH PALM BEACH

FL

85 Zip Code

33408

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 DUANE C. HEISER

DUANE C. Heiser 04/1/97

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME TD
STEINKE, DORIS
STREET ADDRESS KEHRBEEKE 5A
CITY- ST- ZIP D3300 BRAUNSCHWEIG 0

TITLE
NAME D
MOELLER, DETTMAR
STREET ADDRESS BERGHEIDE 19
CITY- ST- ZIP D 2104 HAMBURG 92

TITLE
NAME PSD
MOELLER, JURGEN
STREET ADDRESS ELBSTRASSE 24
CITY- ST- ZIP D2000 WEDEL, HOLSTEIN

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

4/1/97

561
843-1568

CR2E034 (9/96)