

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 627918 (6)

1. Corporation Name
ESQUIRE ASSOCIATES, INC.

Principal Place of Business
25 VISTA GARDENS TR. APT 107
VERO BEACH FL 32962
US

Mailing Address
25 VISTA GARDENS TR. APT 107
VERO BCH FL 32962
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1979
3a. Date of Last Report: 01/25/1994

4. FEI Number: 59-1918181
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

2. Principal Place of Business: 25 VISTA GARDENS TR. APT 107
2a. Mailing Address: 25 VISTA GARDENS TR. APT 107

21. Suite, Apt. #, etc.: APT 107
26. Suite, Apt. #, etc.: APT 107

22. City & State: VERO BEACH
27. City & State: VERO BEACH

23. Zip: 32962
24. Country: FLORIDA
25. State: FLORIDA
29. Zip: 32962
30. Country: FLORIDA

9. Name and Address of Current Registered Agent
FENNELL, DARRELL
979 BEACHLAND BOULEVARD
VERO BEACH FL 32963

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: Samuel Goldman (Signature) 4/25/95 (Date)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLOSBAID, BENJAMIN A
STREET ADDRESS	600 PARADISE ROAD
CITY - ST - ZIP	LYNN, MASSACHUSETTS
TITLE	VD
NAME	GOLDMAN, SAMUEL
STREET ADDRESS	25 VISTA GARDENS TR, APT 107
CITY - ST - ZIP	VERO BEACH FL
TITLE	TSD
NAME	AYLWARD, LEONARD
STREET ADDRESS	295 LYNN SHORE DR.
CITY - ST - ZIP	LYNN MA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(b), Florida Statutes. I further certify that the information reflected 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: Samuel Goldman (Signature) 4/25/95 (Date) 407-562-7675 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR