

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 # 627918 (6)

1. Corporation Name

ESQUIRE ASSOCIATES, INC.



Principal Place of Business
410 SAMUEL GOLDMAN
25 VISTA GARDENS TRL.
APT 107
VERO BEACH FL 32962
US

Mailing Address
410 SAMUEL GOLDMAN
25 VISTA GARDENS TRL.
APT 107
VERO BEACH FL 32962
US

3. Date Incorporated or Qualified 06/28/1979 3a. Date of Last Report 04/28/1995

2. Principal Place of Business 21 SAME AS ABOVE Suite, Apt. #, etc.	2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc.	4. FEI Number 59-1918181	Applied For Not Applicable
22 SAME AS ABOVE City & State	27 SAME AS ABOVE City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 SAME AS ABOVE Zip	28 SAME AS ABOVE Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 SAME AS ABOVE Country	29 SAME AS ABOVE Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GLOSAND, BENJAMIN A	
STREET ADDRESS	156 BROAD ST.	
CITY-ST-ZIP	LYNN MA	DECEASED.
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, SAMUEL	
STREET ADDRESS	25 VISTA GARDENS TR, APT 107	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	AYLWARD, LEONARD	
STREET ADDRESS	295 LYNN SHORE DR.	
CITY-ST-ZIP	LYNN MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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:

Samuel Goldman (SAMUEL GOLDMAN)

3/14/97 407-562-7675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)