SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

Sep 02 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6)ESQUIRE ASSOCIATES, INC. Malling Address Principal Place of Business 25 VISTA GARDENS TRL. 25 VISTA GARDENS TRL. **APT 107 APT 107** DO NOT WRITE IN THIS SPACE VERO BEACH FL 32962 VERO BEACH FL 32962 3. Date Incorporated or Qualified 06/28/1979 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 SAME AS SME 15 Not Applicable 59-1918181 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired #1 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 11 23 Trust Fund Contribution Added to Fees 28 Zip Country Country (8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FENNELL, DARRELL 979 BEACHLAND BOULEVARD Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 83 84 City 85 Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. VD ALSO NOW PRESIDENT FLETE
GOLDMAN, SAMUEL TITLE 1.1 TITLE Change Addition NAME 1.2 NAME 25 VISTA GARDENS TR, APT 107 1.3 STREET ADDRESS STREET ADDRESS VERO BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE NAME AYLWARD, LEONARD 2.2 NAME 295 LYNN SHORE DR. 2.3 STREET ADDRESS STREET ADDRESS LYNN MA 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3 4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 acceiver 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 a statement with all address.

SIGNATURE:

FILED

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