

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).

FILED  
 Sep 02 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 627918 (6)  
 1. Corporation Name  
 ESQUIRE ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 25 VISTA GARDENS TRL. APT 107 VERO BEACH FL 32962 US  
 25 VISTA GARDENS TRL. APT 107 VERO BEACH FL 32962 US

3. Date Incorporated or Qualified  
 06/28/1979

4. FEI Number  
 59-1918181

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 SAME AS ABOVE Suite, Apt. #, etc. 26 SAME AS ABOVE Suite, Apt. #, etc.  
 22 " " " " 27 " " " " City & State  
 23 " " " " 28 " " " " City & State  
 24 " " " " Country 29 " " " " Country  
 25 USA 30

9. Name and Address of Current Registered Agent  
 FENNEL, 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD ALSO NOW PRESIDENT	<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	205 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAMUEL GOLDMAN	
1.3 STREET ADDRESS	25 VISTA GARDENS TR APT 107	
1.4 CITY-ST-ZIP	VERO BEACH, FLA. 32962	
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 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: *Samuel Goldman President* 8/11/98 561-562-7675

CR2E034 (5/98)