

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90010 048 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 627918

1. Corporation Name  
ESQUIRE ASSOCIATES, INC. *210 SAMUEL GOLDMAN PRESIDENT*  
*NOT A CHANGE OF ADDRESS BELOW*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
~~25 VISTA GARDENS TRL~~  
~~APT 102~~  
VERO BEACH FL 32962  
US  
*RIVER PARK PLACE*  
*710-3RD CIRCU*  
*APT. 102*  
*VERO BEACH, FL 32962*

3. Date Incorporated or Qualified  
06/28/1979

2. Principal Place of Business  
21 *SAME AS ABOVE*  
2a. Mailing Address  
2a *SAME AS ABOVE*

4. FEI Number  
59-1918181

22 City & State  
27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip *32962* Country *US*

6. Election Campaign Financing  \$5.00 May Be Added to Fees

24 Zip *32962* Country *US*

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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 *SAMUEL GOLDMAN PRESIDENT*  
82 Street Address (P.O. Box Number is Not Acceptable) *RIVER PARK PLACE*  
83 *710 3RD CIRCU APT 102*  
84 City *VERO BEACH* FL 85 Zip Code *32962*

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 President* DATE *3/31/99*

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PVD	<input type="checkbox"/>
NAME	GOLDMAN, SAMUEL	
STREET ADDRESS	25 VISTA GARDENS TR, APT 107	
CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	TSD	<input type="checkbox"/>
NAME	AYLWARD, LEONARD	
STREET ADDRESS	295 LYNN SHORE DR.	
CITY-ST-ZIP	LYNN MA	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: *Samuel Goldman PRESIDENT* DATE *3/31/99* 561-562-7675

CR2E034 (1/98)