

FILE NOW: 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 # F19697

(4)

1. Corporation Name

E.S. INDUSTRIES INC. OF CONN.



Principal Place of Business

6363 NW 6 WAY
STE 200
FT LAUDERDALE FL 33309
US

Mailing Address

6363 NW 6 WAY
STE 200
FT LAUDERDALE FL 33309
US

3. Date Incorporated or Qualified

02/13/1981

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

06-1070277

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

Country

29

30

Zip

Country

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINNICK, IVAN
6363 NW 6TH WAY, STE 200
FT. LAUDERDALE FL 33309

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

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

PT

☐ DELETE

NAME

WINNICK, IVAN
10324 CHATSWORTH WAY
BOCA RATON FL

STREET ADDRESS

CITY- ST- ZIP

TITLE

SV

☐ DELETE

NAME

WINNICK, FELICIA
10324 CHATSWORTH WAY
BOCA RATON FL

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and

certify that the information indicated on this annual report or supplemental annual report
oath, that I am an officer or director of the corporation or the receiver or trustee employed
appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
s true and accurate and that my signature shall have the same legal effect as if made under
ed to execute this report as required by Chapter 607, Florida Statutes; and that my name

2/18/98 305-7715544

Date

Daytime Phone #

CR2E034 (12/95)