## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(4)

E.S. INDUSTRIES INC. OF CONN.

## **FILED** Jan 30 1998 8:00am Secretary of State



Frincipal Place of Business				Malling Address							
!	2101 N.W. 33RD STREET SUITE 1900A POMPANO BEACH FL 33069 US			2101 N.W. 33RD STREET SUITE 1900A POMPANO BEACH FL 33069 US				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified			
								1	02/13/1981		
2.	Principal Place of Business			a. Mailing Address				4.	, FEI Number Applied For		
21	İ			26					06-1070277 Not Applicable		
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired See Required Fee Required		
23	City & State		28	City & State				6.	Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees		
24	Zip	Country Zip Co		ountry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
g. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
WINNICK, IVAN							Name		,		
2101 N.W. 33RD STREET SUITE 1900A					82	Street Addre	Address (P.O. Box Number is Not Acceptable)				
POMPANO BEACH FL 33069											
						84	City		FL 85 Zip Code		
11									on submits this statement for the purpose of changing its registered coard of directors. I hereby accept the appointment as registered		

	Signature, typed or printed name of registered agent and litte		E Registered Agent signature requi		<u> </u>	
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I		
TITLE	PT	■ DELETE	1.1 TITLE	Change [	Additio	
NAME	WINNICK, IVAN		1.2 NAME			
STREET ADDRESS	10324 CHATSWORTH WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP			
TITLE	SV	☐ DELETE	2.1 TITLE	☐ Change [	Additio	
NAME	WINNICK, FELICIA		2.2 NAME			
STREET ADDRESS	10324 CHATSWORTH WAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2 4 CITY-ST-ZIP			
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IAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. 1(TY - ST - ZIP		_	
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STREET ADDRESS			4.3 REET ADDRESS			
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STREET ADDRESS			5 3 REET ADDRESS			
CITY-ST-ZIP			5.4 Tr - 5T - ZIP			
ITLE		DELETE	6 l LE	Change	Additio	
IAME			6.2 IME			
STREET ADDRESS			6 REET ADDRESS			
CITY - ST - ZIP			6 Y-SY-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and apprate officer or director of the corporation or the receiver or trustee empowered to execution the receiver of the corporation or the receiver or trustee empowered to execution the receiver or trustee.

mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: