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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F86657

ESB ASSOC., INC.

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90250 003 ***150.00



Mailing Address Principal Place of Business % JOYCE BISTRONG % JOYCE BISTRONG 4200 NW 73RD AVE 4200 NW 73RD AVE DO NOT WRITE IN THIS SPACE LAUDERHILL FL 33319 LAUDERHILL FL 33319 3. Date Incorporated or Qualifed 06/21/1982 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address Not Applicable 59-2203686 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip □No Yes Personal Property Tax. 30 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **BISTRONG, JOYCE** Street Address (P.O. Box Number is Not Acceptable) 82 4200 NW 73RD AVE Γ_{i} LAUDERHILL FL 33319 83 · 33/ 85 Zip Code 84 City 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE 1.2 NAME NAME **BISTRONG, JOYCE** 1.3 STREET ADDRESS STREET ADDRESS 4200 NW 73RD AVE LAUDERHILL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY+ST-ZIP CITY+ST-ZIP ☐ Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

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